

**LUTHERAN WOMEN'S MISSIONARY LEAGUE  
NEBRASKA SOUTH DISTRICT  
SPECIAL GIFT FUND APPLICATION**

Date of Request: \_\_\_\_\_ Amount of Money Requested: \_\_\_\_\_  
Date of Project: \_\_\_\_\_ Estimated Total Cost of Project: \_\_\_\_\_

*\*\*Note that the Special Gifts committee only meets quarterly  
to approve requests (in mid Feb, Apr, June & Sept).*

**Applicant's Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Sponsoring Organization's Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Describe the project/program for which funds are requested.** (Use the back if you need more room.)

**What other sources (and amounts) of funding have you attempted and secured?**

If awarded funds, check should be made payable to: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**\*\* If you receive funds, you will be contacted to submit pictures/feedback for publication in LWML communications. \*\***

Committee use only:

Approval _____	Date _____
_____	Date _____
_____	Date _____

Please send completed form to: Susan Thomas, 71870 563 Ave, Fairbury, NE 68352  
or e-mail to [susan.shadyacres@gmail.com](mailto:susan.shadyacres@gmail.com)

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