

## Lib Nightingale Mission Fund Grant

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail address \_\_\_\_\_

*You may use and attach extra pages as necessary.*

Purpose of Grant: In 600 words or less describe:

- Mission service project. Give details and dates.
  - If mission trip, give trip description and date(s), church or sponsoring organization, the trip and team leader, address and phone number.
  
- Why does this trip or project interest you?
  
- Share how this may be a benefit to others

Amount needed \$ \_\_\_\_\_ Amount Requesting \$ \_\_\_\_\_ Needed by date: \_\_\_\_\_

(Indicate your other sources and amounts from them.)

How will this amount be spent? Provide a budget for the ministry.

Give name of organization, contact person, address, and phone number of where the grant check should be directed.

The mission project should be completed within \_\_\_\_\_ days/months of receiving the funds.

Signature \_\_\_\_\_ Date \_\_\_\_\_