

**ST. PHILIP'S EPISCOPAL CHURCH
P.O. Box 10476
Southport, North Carolina 28461
(910) 457-5643**

MISSION FUND GRANT APPLICATION

APPLICANT: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

CONTACT PERSON: _____

PROJECT SUMMARY: _____

PROJECT GOALS: _____

PROJECT TIMETABLE: _____

STARTING DATE: _____ **ENDING DATE:** _____

TOTAL PROJECT COST: _____

GRANT AMOUNT REQUESTED: _____

OTHER SOURCES OF FUNDING FOR PROJECT: _____

If the Mission Fund is unable to fund your request in total, what is the minimum amount of funding which would still allow the project goals to be accomplished?

DATE OF APPLICATION: _____

AUTHORIZED REPRESENTATIVE SIGNATURE: _____

Date Considered: _____ **Amount Approved:** _____

Approved By: _____