

*Presbytery of Transylvania Social Witness and Mission Committee
Hunger Grant Request Form*

Date Submitted: _____

1. Name of Congregation making request:

2. Is record of sessional approval or appropriate sessional committee attached?

3. Total amount requested: _____

4. Provide a brief statement describing the program to be supported.

5. What other congregations or community organizations are involved in the program?

6. What is the extent of your congregation's involvement with the program?

7. How will requested funds be used?

8. Attach a copy of the current budget for the program and/or the agency conducting the program.

9. Please list the name, address, and phone number of the person we may contact about this request. (At your church)

10. Signature of Stated Clerk and/or Moderator of Session:
