

Grant Application

Special Education Endowment Fund

2018-2019 School Year

Mid-South District – LCMS
1675 Wynne Road
Cordova, TN 38016-4905

Phone: (901) 373-1343
Toll Free: (866) 373-1343
FAX: (901) 373-4826

A. Congregation/School _____ Application Date _____

Address _____ Zip _____

Phone _____ Pastor/and Principal _____ and _____

Contact Person _____ Phone (_____) _____

(Refer to the Endowment Fund Criteria for answering the following section.)

B. Project Description

1. Title: _____

2. Location: _____

3. Amount Requested: _____

4. Length of Time: _____

C. Need (Describe the situation that precipitated the need for the project.)

D. Purpose (Describe the ultimate purpose for the project. What will be achieved if the project is completed successfully and on time?)

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E. Goals and Procedures (What specific goals and procedures do you hope to achieve and how do you propose to achieve them?)

F. Description of Staff to be Involved

G. Budget

1. Expenses

- a. Staff (Please describe below) _____
- b. Equipment ----- _____
- c. Public Relations----- _____
- d. Supplies ----- _____
- e. Miscellaneous ----- _____

TOTAL \$ _____

2. Income

- a. Fees and Tuition----- _____
- b. Congregation----- _____
- c. Gifts----- _____
- d. Special Education Grant----- _____
- e. Other Grants Applied for (identify):

- f. Other Support Being Solicited _____

TOTAL \$ _____