

# Grant Application

## Special Education Endowment Fund

2024-2025 School Year

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

Phone: (901) 373-1343  
FAX: (901) 373-4826

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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 \$ \_\_\_\_\_