



Christ the King Lutheran Church

10285 Ravenna Road
Twinsburg, OH 44087

330-425-7377
www.ctktwinsburg.com
office@ctktwinsburg.com

Our Mission:
To Shine the Light of
Jesus, Reflect His
Unconditional Love,
and Mirror His
Kindness to All People



Mission Fund Grant Request

Requests are DUE March 15th and September 15th.

If any false/incorrect information is given on this request for a grant, you or your organization will be disqualified from any future grant consideration from Christ the King Lutheran Mission Fund.

Date: _____

Organization/Ministry Requesting: _____

Organization Website: _____

Contact Person: _____ Title: _____

Telephone: _____

Email Address: _____

Address: _____

City, State, Zip: _____

Note: Failure to answer all the questions completely will disqualify this grant request.

Grant Amount Requested: \$ _____

Date(s) Funds Needed: _____

Purpose of the Fund Request: _____

1) What other funds do you receive for this purpose? _____

2) Is your organization a non-profit organization? _____

3) What are your **goals** for the use of these funds? _____

Continue on back of form.

4) Do you have any restrictions on who can participate in the use of these funds?

5) Will Christ the King Lutheran members and ministries be involved? If so, provide details.

6) If you can provide a Financial Statement of your organization, this would be helpful to the committee that is evaluating your request. Note here if you are attaching the Financial Statement: **Yes / No.**

If you cannot attach a Financial Statement, please explain why. _____

7) How will you measure and evaluate the results of the use of the monies requested?

Signature: _____

Name (printed): _____