



CONNECT. GROW. SERVE.

BETHEL ENDOWMENT FUND GRANT APPLICATION

APPLICANT INFORMATION

Name:

Date:

Address:

Phone:

TOTAL AMOUNT NEEDED: \$

INTENDED USE OF GRANT:

How will this grant promote Christian religion, Christian charity or support education for Christian life or service?

Describe the human need this grant would address:

What percentage of the total need does this grant request represent?

What alternative funding sources does the requestor have?

Name of non-profit organization to which this grant would be given:

Return completed application along with program documentation to:
BETHEL 920 THIRD STREET, HUDSON, WI 54016
Attention: Endowment Committee