

NORTH INDIANA STEWARDSHIP GRANT APPLICATION

CHURCH NAME _____

DISTRICT _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PASTOR _____

E-MAIL ADDRESS _____

APPROVAL OF CHURCH COUNCIL DATE _____

CHURCH COUNCIL CHAIRPERSON SIGNATURE _____

PASTOR'S SIGNATURE _____

STEWARDSHIP GRANT, MAXIMUM \$350.00 We would like to apply for a stewardship grant in the amount of \$ _____ as seed money to help defray the cost of a stewardship program or resource person.

Please include a detailed description of how your church plans to use this grant, as well as a complete budget for expenses. (Use back of sheet if you need to.)

DEADLINE FOR APPLICATION: **APRIL 1 & SEPTEMBER 1**

Return to: Nikki Marker
5064 W 1400 N
North Manchester, IN 46962
Phone: 260-352-2701 / 260-578-1456
Email: nikkimarker@yahoo.com