

**LUTHERAN WOMEN'S MISSIONARY LEAGUE
NEBRASKA SOUTH DISTRICT
SPECIAL GIFT FUND APPLICATION**

Date of Request _____

Amount of Money Requested _____

Date of Project _____

Estimated Total Cost of Project _____

Applicant's Information

Name _____

Address _____

Phone Number _____

E-mail Address _____

If you have a sponsoring organization, please fill out this section.

Sponsoring Organization's Information

Name _____

Address _____

Phone Number _____

E-mail Address _____

Describe the project/program for which funds are requested. (Use the back if you need more room.)

What other sources (and amounts) of funding have you attempted and secured?

If awarded funds, check should be made payable to _____

Signature of Applicant _____

** If you receive funds, you will be contacted to submit pictures/feedback for publication in LWML communications. **

Committee use only:

Approval _____ Date _____

_____ Date _____

_____ Date _____

Please send completed form to: Linda Fees, 77251 Road 450, Miller, NE 68858

or e-mail to digital.linda@gmail.com

Revised 9-30-11