

St. Paul's Episcopal Church
Wallingford, Connecticut 06492

St. Paul's Sacred Trust Fund

APPLICATION FOR FUNDING: OUTREACH

Date: _____

Sponsor: _____
(Must be a member of St. Paul's Church)

Organization Name: _____

Address: _____

Phone number: _____

Amount requested: \$ _____

Briefly describe the organization and its purpose/mission:

Provide specific information about how this grant will be used:

Briefly describe the benefits of this grant:

How does this program / activity relate to St. Paul's or the Episcopal Church?

If necessary to fully explain your request, please attach additional documentation.

Is additional documentation attached? _____ Yes _____ No

Sponsor's Signature: _____ Date: _____

*Please return completed form to the church office for consideration.
Rev. 8/2017*