

Disciples Women's Endowment Fund Grant Application Form

Please print clearly and mail to:

Disciples Women, Regenia Smith-DWEF, PO Box 1986, Indianapolis, IN 46206-1986



APPLICATION DEADLINES - March 15 and October 15

March 15 applicants will be notified by May 1.

October 15 applicants will be notified by December 1

The Disciples Women's Endowment Fund (DWEF) was established to benefit the work, both now and in the future, of women in the Christian Church (Disciples of Christ).

AMOUNT OF GRANTS - Grant requests may not exceed \$5,000. There is no minimum.

AMOUNT REQUESTED: \$ _____

1. IDENTIFYING INFORMATION

Name of Individual, Organization or Church

Address (Street, City, State, Zip)

Contact Person (Name, Title, Phone, and Email)

Type of organization (if applicable)

Date funds are needed

Date of event _____

Has this individual, organization, or church applied for WEF funds before? _____

If so, was your request granted? _____

2. **POPULATION / CONSTITUENCY TO BE SERVED**

3. **PROGRAM PURPOSE / DESIGN (Attach additional pages as needed.)**

4. **CHECK THE CATEGORY WHICH APPLIES (more than one may be checked)**

<input type="checkbox"/> Leadership Training	<input type="checkbox"/> Scholarship Support
<input type="checkbox"/> Outreach Ministries	<input type="checkbox"/> Faith Development
<input type="checkbox"/> Revitalization / Transformation	<input type="checkbox"/> Women's Ministry

5. **DESCRIBE HOW THE REQUESTED FUNDS WILL BE USED: (e.g., equipment and supplies, resources, scholarships, education, honorariums, etc.)**

6. **DESCRIBE HOW YOU WILL MEASURE YOUR SUCCESS OR FAILURE.** (If request is granted, a one page evaluation, along with any unused monies, must be mailed to the Women's Endowment Fund Distribution Committee within six months of final activities related to this request.) ***Date evaluation and financial report to be submitted:*** _____

7. **HOW WILL THIS PROGRAM / PROJECT ENHANCE AND/OR ENRICH MINISTRY WITH, FOR OR TO WOMEN?**

8. **HOW DO YOU PLAN TO SHARE YOUR LEARNINGS AND RESULTS WITH OTHERS NOT INVOLVED IN THIS PROJECT?**

9. TOTAL COST OF PROGRAM / PROJECT: \$ _____

10. DESCRIBE WHAT WILL HAPPEN TO THIS PROJECT IF THIS REQUEST IS NOT GRANTED OR IS GRANTED FOR LESS THAN REQUESTED.

11. WHAT ADDITIONAL SOURCES OF FUNDING ARE AVAILABLE?

12. ATTACH A BUDGET SHOWING A BREAKDOWN OF EXPENDITURES FOR THE PROJECT AND HOW THE REQUESTED AMOUNT WAS DETERMINED

13. ATTACH A LETTER OF ENDORSEMENT FOR THIS PROJECT FROM SOMEONE OTHER THAN YOURSELF (Region, pastor, non-profit executive, etc.)

AUTHORIZED SIGNATURE _____

DATE _____

PRINTED NAME AND TITLE _____

ADDRESS _____

TELEPHONE _____ E-MAIL _____

ENCLOSED: _____ Budget _____ Letter of endorsement

If Grant is approved, to whom should check be issued ?

***** for office use *****

Approved _____

Date Grant Paid _____

Not Approved _____

Amount Paid \$ _____

Date _____

Transaction Type _____

AMOUNT OF GRANT \$ _____