Hope Lutheran Church

Theological Education Fund

Grant Request Form

Requesting Person _____ Date of Request _____

Residence Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Telephone Number _____ E-Mail Address _____

Bachelor's Degree Education Institution_____

Theological/Training Institution Applying To _____
Mailing Address: Street _____
City _____ State _____ Zip Code _____
Web Site Address _____

Have you been accepted? Y / N Please circle

Proposed Area of Study _____ Degree or Certificate Sought _____

How will the funds be used? Add additional sheets if necessary _____
_____
_____

Amount Requested _____ Date Distribution Needed _____

Additional Documentation Attached? Y/N

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Committee Notes: Hope Lutheran Church use only

For Committee: Approved / Not Approved Date _____
Reason _____
_____
Date Notification Sent _____ By _____