

# Fostering Healthier Congregations Grant Application – Cover Page

Request Date			
Member Congregation			
Address			
City, State, Zip			
Telephone		Fax	
Pastor			
Pastor's Email			
Congregation Website			
Grant Contact			
Grant Contact Telephone			
Grant Contact Email			

Required Signatures:

\_\_\_\_\_

Pastor

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Congregation Chairman

\_\_\_\_\_

Printed Name

*These signatures certify that this grant application has been approved by your congregation.*

**Please submit a separate Request Form for each proposed initiative. Note that only one Grant Application Cover Page is needed (even when accompanying multiple Request Forms.)**

Submit a copy of the completed application to:

Attn: Fostering Healthier Congregations  
The Lutheran Foundation  
3024 Fairfield Avenue  
Fort Wayne, IN 46807

