



SAINT PETER'S EPISCOPAL CHURCH

THE REVEREND STEPHANIE WETHERED
RECTOR

OUTREACH ENDOWMENT GRANT APPLICATION APPLICATION COVER SHEET

1. Type of Application: Initial _____ Continuation _____

2. Grant Title: _____

3. Organization: _____

Contact person (*person directly responsible for project*)

Name: _____

Project address: _____

Project phone number: _____

4. Amount requested: _____

5. Application's signature: _____ Date: _____

Applicant verifies that the information in the application is correct and agrees to comply with all conditions applicable to grants awarded by the Outreach Endowment Committee.

For Outreach Endowment Committee use only

Date received: _____ Grant period: _____

Action date: _____ Denied ____ Approved ____ Amount: _____

Chairperson's signature: _____ Date: _____

Vestry action date: _____ Denied ____ Approved _____