

Augustana Foundation Grant Request

Date: _____

Applicant's Name: _____
Group/Individual

Phone: _____

Address: _____
Street

City State ZIP

Fax: _____

Payee: _____

Amount Requested: _____

Contact Name: _____

Contact Phone: _____

If granted, how will the funds be utilized:

What matching funds are expected to be available if a grant is awarded:

What additional sources of funds are expected to be available for the proposed use:

Is applicant or any member of the requesting organization a member of Augustana Lutheran Church?
Yes _____ No _____

{Any organization not affiliated with Augustana Lutheran Church must attach a description of the organization's activities and affiliations, a summary of the organization's financial condition, and a summary of the organization's sources of funding support.}

Additional information, letters of support, financial statements, etc. may be attached.

Return this request with supporting documents to the Augustana Foundation three weeks prior to the quarterly meeting. The Foundation Board meets the second Tuesday of February, May, August, and November. Any late requests will be considered at the next quarterly meeting.

Foundation Address: The Augustana Foundation
Attn: Gift Subcommittee
5000 E. Alameda Ave.
Denver, CO 80246-8104
303-388-4678
303-388-1338 - fax