

SALEM LUTHERAN CHURCH  
ENDOWMENT COMMITTEE  
FUND REQUEST FORM

Name of Individual/Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_ Amount: \_\_\_\_\_

Salem Lutheran Applicable Ministry: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Purpose:

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Comments:

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Stewardship Leader Authorization: \_\_\_\_\_

\*Not applicable to Scholarship Requests

Please indicate if this is an urgent request: \_\_\_\_\_

**NOTE: Funds will only be available one (1) year from approval. A new request will need to be submitted and approved if not used within one (1) year.**

Further information or comments may be attached or written on the back of this form. Backup information is appreciated. Requests will be considered on a quarterly basis and are subject to submission deadlines. Please contact a member of the Endowment Committee for additional information