

WARNER TRUST GRANT APPLICATION FORM

Thank you for your interest in the Warner Trust. Please fill out the attached application by the deadline of December 15 and mail to warnertrust@spselca.org. We are sorry but no late applications will be accepted. A decision will be made at the Synod Council's January meeting and recipients will be notified by the end of February.

Please read the following policy to ensure your request falls within our guidelines and please answer all of the questions completely.

In order to provide support to the many ministries around our synod, ordinarily grants will not be made for less than \$500 or more than \$2,000. No more than \$2,000 will be awarded in a year to the same church/organization/ministry.

There is approximately \$7,000 available every year. The amount varies each year based on the interest earned by the Warner Trust. The Warner Grant Committee, with the approval of Synod Council, has the discretion to award the entire amount available each year. Applicants must provide current mission support to have their request considered.

In order to support the many ministries of our Synod, we cannot award a grant to the same church/organization/ministry two years in a row. However, if you were awarded a grant last year, we encourage you to apply next year.

These grants are designed to be seed grants to help in the areas of youth or family ministries. A grant may be requested for youth projects, schools and pre-schools, and education ministries. Feel free to be creative. These grants will not be awarded to fund salaries, mission trips, national or synodical youth gatherings, or building maintenance.

The more information given in the application, the easier it is for us to understand your ministry.

Please email warnertrust@spselca.org if you have any questions.

God Bless,

Warner Trust Grant Committee

**WARNER TRUST GRANT
Application¹**

Name of the Congregation or Agency

Mailing address of the Congregation (address, city, state, zip code)

Name of contact person

Phone number of contact person

Email of contact person

Address of contact person (including city, state and zip code)

Dollar amount requested (budget, including a range or “minimum threshold”)²

Tangible item(s) for which funds are requested

Description of the services to be provided

¹ Please complete this application as a Word document, using as much space as necessary. Completed applications should be submitted as a Word or PDF document to warnertrust@spselca.org

² Due to the limited financial resources available, it is possible that your full request may not be awarded. Please let us know if there is a “**minimum threshold**” to your request, i.e., is there an amount below which all or part of your project could not come to fruition.

How will this grant help in the areas of Youth and Christian Education?

Projected demographic make-up of persons to be served

Warner grants are designed to be seed grants and typically not a source of recurrent support. Describe how this grant will be used to “seed” your project and where you see additional support in the future to continue this project.

Have you received a Warner Grant in the past? (If yes, when, what amount and for what purpose?)

Do you agree to submit a follow-up report with 60 days of completion of the grant project or when the funds are spent?

Yes _____

No _____

What month do you estimate your project will be finished or the funds spent by?

Any additional comments?