



APPLICATION

Women's Education Grant

Applications will be reviewed and grants awarded by the LMC Grant Committee in August. Applications should be submitted to the LMC Office by July 31. Please complete all information requested or indicate "none" or "not applicable" if that applies to your situation. All information submitted in the application form is confidential and reviewed only by the LMC Grants Committee.

Name _____
Address _____ (city) _____ (state) _____ (zip) _____
Phone (home) (____) _____ (work) (____) _____
E-mail _____ Date of Application _____
Member of Congregation _____ District _____
In your congregation, what role(s) do you serve in? _____

Request Use of Funds

Have you received a WEG grant before? YES NO
What will you use the funds for? STEP Other Study Program or Event
If STEP, what is your anticipated graduation year? _____
If another program, what is that program and institution? _____
If an event, what is that event? Please include a brochure or flyer describing the event. _____

FINANCIAL INFORMATION

What is the total cost of the program? \$ _____

Record the assistance you anticipate below.

Commitment of assistance from other organizations/grants	\$ _____
Any other sources of assistance	\$ _____
Contributions by the grant applicant	\$ _____
Amount of WEG money you are requesting	\$ _____

Explain any unusual circumstances or special situation we should be aware of when considering this application:

EDUCATIONAL BACKGROUND (for programs other than STEP)

	School or Institution	Major/Minor /Course	Diploma, Degree, Credits	Date of Degree
High School				
College/ University				
Graduate Study				

TWO REFERENCES AND TWO RECOMMENDATIONS (from your pastor/bishop, and one other from a teacher, employer, or person with knowledge of your situation)

Name	Position/Connection	Address	Phone
	pastor		

RECOMMENDATIONS: Please have references listed above send an email recommendation to Mindi Hoover (mhooover@lmcchurches.org). It is important that one letter convey how your congregation will support you in this endeavor. *These recommendation letters must be updated once each calendar year.*

Essay

In the space below briefly respond to the appropriate option:

- For individuals, share your testimony of when and why you accepted Jesus Christ as your Savior, and how this course of study will enhance your ministry.
- For event underwritings, please attach prior event evaluations, news releases, testimonials, etc. that indicate the reach and impact of your event. Then describe briefly the purpose of your event and how you think it will support women in ministry.

(Date)

(Signature of Applicant)

Return application and recommendation to--
LMC
LMC Grants Committee
 2160 Lincoln Highway East #5
 Lancaster, PA 17602
 VERSION: July 2018

For Official Use Only	(Dates)
Application received	_____
Application reviewed	_____
Candidate informed	_____
Funds released	_____
Amount of grant	\$ _____