



405 Rush Street, Roselle, IL 60172

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www.trinityroselle.com

Mission Grant Application

Requestor's name: _____

Phone: _____ Email: _____

Organization's name: _____

***Any grant recipient organization must be tax-exempt under section 501(c)(3) of the Internal Revenue Code.**

Organization's website (if available): _____

Contact name and address where any grant check should be mailed:

Mission grant applicants must personally support the recipient organization through financial donations, volunteer hours, and/or prayer. Tell us about your personal involvement with the organization.

Funding amount requested: \$ _____

Is this a time-sensitive request? ☐ YES ☐ NO

If yes, by what date is funding needed? _____

Location where grant money will be used: _____

Please provide details on how funds will be used:

How else can our congregation get involved with this organization?

Do you have any other comments/information for the mission grant team to consider? You may also attach additional information if needed.

Please attach any additional supportive documentation such as pictures, testimonials, Facebook postings or Internet links that can help us in determining whether your grant request will be funded.