

**Immanuel Evangelical Lutheran Church
Endowment Fund
Request for Funding**



Date received: _____

Name(s) _____

Contact Person: _____

Remit payment to this address: _____

City, State, Zip: _____

Phone (H) _____.(W) _____.

Member of Immanuel: _____ Yes _____ No

Total funding needs: \$ _____ Amount Requested: \$ _____.

Date of Request: _____ Date Needed: _____.

Endowment Fund Distribution: Income from fund shall be distributed annually and at such other times as deemed necessary and/or feasible to accomplish any or all of the following:

- A. Emergency relief of physical or economical need of individuals within the congregation
- B. Special ministries in Christian education within the congregation and extending to other Lutheran congregations
- C. Special purpose grants for extending educational opportunity, including scholarships, as financial aid to qualified individuals for higher education.
- D. Aid in caring for the poor, the aged and the ill when funds are not available from other sources
- E. Support of domestic and foreign missions, including all missions of the Evangelical Lutheran Church of America of Chicago, Illinois, or its successor.
- F. Aid to support activities for caring for and assisting special needs of our community's youth, which gives evidence of our constant prayerful and Christian concern for them.
- G. CHURCH building expansion or improvements, or a major maintenance item (as opposed to regular building maintenance)
- H. Extending aid for programs and missions of the CHURCH, other Montana Lutheran congregations, and the Montana ELCA or its successor.

Endowment Fund of Immanuel Lutheran Church Bylaws, amended 04/08

Purpose of Request: Please include a detailed description of your request, including how much is being requested and how the funds will be used. Requests related to Immanuel's mission (program, worship, education, outreach, facilities, etc.) must first be approved (below) by the appropriate committee chairperson and the Church Council before they can be considered by the Endowment Committee.

_____ Committee Church Council

Committee Follow-up
Amt Approved: _____
Date: _____
Check number: _____
Comments: _____ _____ _____

Please email a copy to Georgia Cobbs at Georgia.Cobbs@mso.umt.edu or send a hard copy of this form to the Immanuel Lutheran Church office (830 South Ave. W, Missoula 59801) at least two weeks prior to the Endowment Committee Meeting. The Committee meets quarterly on the 3rd Sunday of January, April, July, and October.