

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



Name(s) _____

Date received: _____

Contact Person: _____

Remit payment to this address: _____

City, State, Zip: _____

Phone: _____ Member of Immanuel: Yes No

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

Date of Request: _____ Date Needed: _____

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

PLEASE Check the box that aligns with your request.

- 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 by the Endowment committee chairperson before being considered by the Endowment Committee.

Committee Follow-up

Amt Approved: _____

Date: _____

Check number: _____

Comments: _____

Return this form to Immanuel Lutheran Church office; RE: Endowment Committee. The Committee meets via email as needed and in person 2-3 times a year.

Revised 5/2026