



Trust Fund Committee
Request Application
Breckenridge Lutheran Church
301 North 6th Street
Breckenridge, MN 56520
www.brecklutheran.org

Applicant Information

Full Name:

Address:

Phone Number:

Email:

Applicant's Signature

Date:

Request Information

Total Amount Requested:

Project Location:

Describe Your Project:

What Impact Will This Project Have?

Who Will Be Involved in Completing This Project?

List Other Groups Collaborating With You to Complete This Project:

How Will Funds Be Allocated? (capital expenses; personnel; equipment/supplies; promotion; transportation; etc.)

Project Time Line and/or Completion Date:

Who Would Be Responsible for Completing a Project Summary Report if Application is Successful?

Full Name:

Address:

Phone Number:

Email:

THIS SECTION
IS FOR
COMMITTEE
USE ONLY

REQUEST APPLICATION IS:

APPROVED. TOTAL AMOUNT APPROVED: _____

DENIED.

PLEASE RETURN REQUEST APPLICATIONS TO THE CHURCH OFFICE AT LEAST ONE WEEK PRIOR TO THE NEXT TRUST FUND COMMITTEE MEETING. THANK YOU. PLEASE NOTE THAT MONEY APPROVED WILL BE PAID TO THE APPLICANT UPON COMPLETION OF THE PROJECT.