

**Westwood Lutheran Church**  
**Holiday Fair**  
**2023 Grant Application Form**

*A Gift Shared is a Gift Multiplied*

**Applications must be received by Friday, November 17, 2023.**

ORGANIZATION INFORMATION

Organization Name: \_\_\_\_\_

Tax Status of Organization: \_\_\_\_\_

Employer Identification Number (EIN) \_\_\_\_\_

Organization Address: \_\_\_\_\_

**Please attach a brochure or information describing the purpose/goals of your ministry**

Organization Contact Person \_\_\_\_\_

Requestor Address: \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Amount of Request: \_\_\_\_\_ Annual Organization Budget: \_\_\_\_\_

Westwood member/friend bringing request forward: (please include phone)

\_\_\_\_\_

**Purpose for Funds Requested:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**I have received, read and understand the *Holiday Fair Grant Distribution Guidelines* and the responsibilities of a Grant Recipient. If this grant is approved, I will fulfill those responsibilities.**

**Signed & Dated:** \_\_\_\_\_

Please Print Name \_\_\_\_\_

**Applications must be received by Wednesday, November 17, 2023.**

**Submit this request to:**

**Holiday Fair Grant Chair  
Westwood Lutheran Church  
9001 Cedar Lake Road  
St. Louis Park, MN 55426**



**Holiday Fair Grants Committee Review:**

Grant approved: \_\_\_\_\_ yes \_\_\_\_\_ no

Amount Approved: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Grant Committee Comments: