

**APPLICATION FOR FINANCIAL SUPPORT
IMMANUEL UNITED CHURCH OF CHRIST ENDOWMENT FUND**

Name of Organization Seeking Funding: _____

Address/phone/website/E-mail: _____

Program or Purpose for Funding: _____

How long has your organization been serving Neenah and the surrounding area?

Does your organization have a Mission Statement? If so, please include a copy with this application. Yes/No

What process is used to determine your programming, budget, and outreach each year?

What are the sources of income that provide the income for your current program and outreach?

To whom is your outreach directed? What benefit do they receive from your programs?

Why should Immanuel UCC consider funding your organization?

Please provide the names and contact numbers for at least three leaders in your organization.

Name and Phone Number of the Person filling out this application:

Date: _____

Please mail completed application to:

Immanuel United Church of Christ

118 Oak Street

Neenah, WI 54956