

APPLICATION FOR FUNDS  
BETHEL LUTHERAN CHURCH FOUNDATION  
704 WEST AVENUE  
HOLDREGE, NE 68949

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

AMOUNT REQUESTED \$ \_\_\_\_\_ CONTINUAL:  ONE TIME:

RELATIONSHIP TO BETHEL LUTHERAN CHURCH:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PURPOSE FOR THIS REQUEST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FOR COMMITTEE USE ONLY:	DATE RECEIVED:
APPROVED: YES: <input type="checkbox"/> NO: <input type="checkbox"/> AMOUNT \$	DATE:
REASON:	