



*The Elizabeth S. Bonham Mission Fund
St. John Episcopal Church
140 North Beaver Street York, PA 17401*

APPLICATION FOR GRANT

Date: _____

Name of applicant, Legal Title (if any) and current address:

_____ Telephone: _____

_____ E-mail: _____

Contact person: _____ Title: _____

Episcopal Diocese: _____ Bishop: _____

Grant request amount: _____

Program status: New _____ Continuing _____

Beginning date: _____

Concise description of grant or project: (If more space is needed use separate sheet.)

To what degree is there Diocesan/Parish involvement or support?

Please Note: The Trustees meet twice a year, in November and May, to consider applications for grants. Applications must be received by September 30 or March 31 to be considered for the upcoming meeting.

Application for Elizabeth S. Bonham Mission Fund Grant (continued)

Identify present funding source(s) and amount:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Identify funding requests made of other sources:

_____ \$ _____
_____ \$ _____

What are your plans for future funding? _____

Has this project received a grant for the Bonham fund in the past? Yes ___ No ___

If yes, give information on that grant. _____

Attach a budget for this project. **If for educational purposes, provide evidence of enrollment.**

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(For office use only)

Recommendation by the Advisory Committee: _____

Approved: _____ Not approved: _____

Trustee Action _____ Date: _____ Amount: _____

Signature: _____

Secretary, Elizabeth S. Bonham Mission Fund