



ENDURING WITNESS FUND-Reconciliation Community Engagement Grant Application Cover Sheet

Date of Request: _____

Amount Requested: \$ _____

REQUESTOR INFORMATION

Last Name	First Name	
Name of Member Church		
Address		Apt #
City	State	Zip
Phone	Email	

Make grant payable to:

Full Name of Individual or Congregation

Street Address

City State Zip Code

Requestor Signature: _____ Requestor Title: _____

Please return complete application to:

**Enduring Witness Grant
Presbytery of Baltimore
5400 Loch Raven Blvd.
Baltimore, MD 21239**

Or email to:

ewgrant@baltimorepresbytery.org



OFFICE USE ONLY

Authorized Signature: _____ Date: _____
Chairperson

☐ Approved ☐ Not Approved

Authorized Signature: _____ Date: _____
POB Staff Liaison

☐ Approved ☐ Not Approved

Comments: _____

Amount Approved

\$ _____