



# 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](mailto:ewgrant@baltimorepresbytery.org)



### RECON USE ONLY

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Not Approved

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Approved

\$ \_\_\_\_\_