



ENDURING WITNESS FUND

Thriving Congregations Grant Application Cover Sheet

Please check appropriate box

- Board of Pensions Grant** **Program Grant**
 Capital Grant

**CAPITAL GRANTS are only available for existing Programs/Projects*

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: ____/____/____ Approved Not Approved
Chairperson

Authorized Signature: _____ Date: ____/____/____ Approved Not Approved
POB Staff Liaison

Comments: _____

Amount Approved

\$ _____