LWML
Louisiana-Mississippi District

MISSION GRANT PROPOSAL APPLICATION 2027 - 2029 Biennium

_____ _____

TITLE OF MISSION GRANT
(55 characters maximum, including punctuation and spaces)

Amount Requested

Information About Submitter

Check the box to indicate your affiliation and complete the requested information.

☐ **LWML Member: Church:** _____ **City/State:** _____

☐ **LWML Group:** _____ **Church:** _____ **City/State:** _____

☐ **LWML Zone:** _____ **District:** _____

☐ **LCMS Board:** _____

☐ **LCMS approved organization (Recognized Service Organization):** _____

_____

Prefix: _____ **First Name:** _____ **Last Name:** _____

Email Address: _____ **Telephone Number:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Serve the LORD with gladness! Psalm 100:2 (ESV)

Contact Person

Prefix: _____ **First Name:** _ **Last Name:** _

Email Address: _____ **Telephone Number:** _____

Name of Organization: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Grant Administrator

Prefix: _____ **First Name:** _____ **Last Name:** _____

Email Address: _____ **Telephone Number:** _____

Name of Organization: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mission Grant Payment Information

Check payable to: _____

Check mailed to:

☐ Same as Grant Administrator
☐ If Different, complete information below

Prefix: _____ **First Name:** _____ **Last Name:** _____

Email Address: _____ **Telephone Number:** _____

Name of Organization: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

PROPOSAL

Describe the mission project addressing the following in the description (add additional sheets as needed):

- **State the population who will be served through this mission project and the geographic location.**

- **Describe the need(s) of the population.**

- **Explain how meeting the need(s) of the population will facilitate the sharing of Jesus Christ as Lord and Savior.**

- **Describe how the funds will be used.**

Provide a Bible reference (ESV) that reflects the mission.

PHOTO RELEASE FORM

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Name (print): _____

Signature: _____

Address: _____

Date: _____Telephone: _____

Email Address: _____

I hereby certify that I am the parent and/or guardian of _____a child under the age of 18 years, and I hereby consent that any Images or Testimonial (as defined above) may be used for any purposes set forth in this Authorization and Release above.

Signature of Parent or Guardian: _____

Date: _____Questions? For more information about the organization's use of photographs in communications materials, please email us at LAMS.LWML.Missions@gmail.com