



Racial Ethnic & Women's Ministries  
**Grant Application**

Please submit grant application including back up documentation.

Please indicate the office to which you are applying: (Please indicate only one)

<input type="checkbox"/>	African Emerging Ministries	<input type="checkbox"/>	Multicultural Congregational Support
<input type="checkbox"/>	African American Congregational Support	<input type="checkbox"/>	Native American Congregational Support
<input type="checkbox"/>	Asian Congregational Support	<input type="checkbox"/>	New Immigrants & Emerging Ministries
<input type="checkbox"/>	Cross Cultural Ministries	<input type="checkbox"/>	Portuguese Language Congregational Support
<input type="checkbox"/>	Gender & Racial Justice	<input type="checkbox"/>	Racial Ethnic Leadership Development
<input type="checkbox"/>	Hispanic / Latino-a Congregational Support	<input type="checkbox"/>	Racial Ethnic Schools & Colleges
<input type="checkbox"/>	Korean Emerging Ministries	<input type="checkbox"/>	Women's Leadership Development
<input type="checkbox"/>	Korean English Ministries	<input type="checkbox"/>	Young Women's Leadership Development
<input type="checkbox"/>	Middle Eastern Ministries	<input type="checkbox"/>	

Today's Date: \_\_\_\_\_ Date covering the Event or Grant: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Event/Reason for Grant: \_\_\_\_\_

Is this a first time application for funding? Yes - No

If not, please list date(s)/years funding was received? \_\_\_\_\_ and grant(s) award amounts \$ \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
 First Name Middle Initial Last Name

Phone: Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Pastor/Leader: \_\_\_\_\_ Position Title: \_\_\_\_\_ Email: \_\_\_\_\_

Church/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 City State Zip

Project location, if different from address above: \_\_\_\_\_

Website: \_\_\_\_\_ Presbytery: \_\_\_\_\_ Synod: \_\_\_\_\_

1. Please attach 1 – 3 pages to the Grant Application and include a detailed description of the project:
  - a. Please describe the church/organization's mission and or vision.
  - b. Please specify the needs to be met by the grant. What are your purpose and goals?
  - c. Describe how the grant will be used.
  - d. Attach a budget, reflecting both projected income and expenses.

**\*The Presbyterian Mission Agency cannot assure future funding beyond this grant, due to decline in funds available.**

**BY SIGNING THIS FORM I AGREE THAT ALL INFORMATION PROVIDED IS CORRECT.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_