

CHRISTIAN UNION GRANT APPLICATION FORM
(to be completed in detail please)

Name of Group Requesting Money:

Ministry Specific Tax ID:

Ministry Home Office address:

Campus:

Event to Be Funded:

Date(s) of Event:

Venue of Event:

Expected Attendance:

Speaker(s): *(name & title)*

Date Request submitted:

Contact Person:

Email:

Phone:

Amount Requesting:

Description of the Event:

Goals for the Event:

Target Population:

Total Event Budget:

Budget Breakdown: (detailed)

Other Funding:

Make check payable to:

Memo Line:

Send check to:

Special Instructions: