

Texas District Disaster Relief Grant Application



Date of Application: _____

Grant prepared for (payable to): _____

Recipient's Current Mailing Address *(Note: no P.O. Box):*

Street _____ City _____ State ____ Zip: _____

Address on driver's license, if different than current mailing address *(Note: no P.O. Box):*

Street _____ City _____ State ____ Zip: _____

Home Phone: _____ Work/Cell Phone : _____

E-mail: _____

Describe Grant Request *(Provide a brief description of circumstance, incident, estimate of total damages and additional assisting organizations, i.e. insurance, FEMA, etc.. Use back of page if needed.):*

Total of estimated damage: \$ _____

Additional assisting organizations:

Insurance: \$ _____ FEMA: \$ _____

My Congregation: \$ _____ Other/personal: \$ _____

Amount of Grant Request: \$ _____

LCMS Congregation and City: _____

Pastor or Circuit Visitor or Supervisor *(required signature)*: _____

Grant request submitted on behalf of (check one of the following):

____ Church Worker ____ Cong Member ____ Congregation *(Property)* ____ Community Member

Grant Request Prepared by:

Name: _____ Home Phone: _____

Work/Cell Phone : _____ E-mail: _____

Signature: _____

This grant will be delivered by: ____ Cong Pastor ____ Staff Member ____ mail to Recipient Address

Please keep a copy of this application for your files and email a scanned copy to: awalker@txlcms.org or mail to: Texas District LCMS, Attn: Andrew Walker, 1221 Satellite View, Round Rock, TX 78665. Grant funding provided through donations to the Texas District LCMS.