

APPLICATION FOR DEACONESS/DCE
LWML SELC District MISSION GRANT
2016-2018

Project Title: _____ *Amount requested: \$ _____

Name, address, and email of Deaconess or Director of Christian Education:

Name of person or church to whom the check should be made payable:

Describe the purpose of the project/items needed and how it will enhance your ministry working with those whom you are serving:

What are the costs of the items needed:

How many people will be using/helped by this project/items:

Please send this application to Sharon Roegge, LWML SELC District President, at skroegge@pa.metrocast.net or mail to her at 656 West Oak Lane, White Haven, PA 18661

Forms need to be in by January 6th, 2018.

*There is a limit of \$900 for this grant.