



# Faith Lutheran Church Endowment Fund Education Grant Request

1300 Oak Ridge Turnpike  
Turnpike at Viking  
Oak Ridge, TN 37830

Phone: 865-483-5431  
Fax: 865-483-1202

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e-mail: [faith@FaithOakRidge.com](mailto:faith@FaithOakRidge.com)

*When possible, the grant requester (applicant) should be the one to complete/sign this form*

The Endowment Committee meets quarterly, typically in January, April, August and November. Grant requests received less than two weeks prior to a meeting may not be considered until the next meeting.

Scholarship/Education grants will always be paid to the educational institution and not to individuals

School accredited by a Department of Education recognized accrediting agency, preferably with a Lutheran affiliation

1. Total amount requested \$ \_\_\_\_\_
2. What school term(s) will the funds cover? \_\_\_\_\_
3. What expenses will the funds cover? \_\_\_\_\_
4. Provide following information of the school that is to receive the check if the request is granted.  
 Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of POC: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_

5. Provide the following information for the Student or Parent:  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ Email: \_\_\_\_\_

X \_\_\_\_\_  
Student or Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

For use by Endowment Committee

\_\_\_\_ APPROVED    \$ \_\_\_\_\_ (AMOUNT)    \_\_\_\_\_ DENIED    \_\_\_\_\_ DATE