

ASCENSION LUTHERAN CHURCH FOUNDATION
1600 E. HILLCREST DRIVE
THOUSAND OAKS, CA 91362

GRANT REQUEST FORM

Name of Organization _____

Contact Person _____ Title _____

Address _____

Telephone No. _____ Email _____ Fax No. _____

Date of Request _____

Amount of Request \$ _____

Purpose of Request _____

Is this the total cost of project? Yes _____ No _____

If No, how are the remaining funds to be raised? _____

When is the Grant money Needed? _____

Additional Information _____

Please return Grant Request Form to the Ascension Lutheran Church Foundation at the address above. The Foundation meets quarterly (February, May, August, and November) on the first Saturday. Requests received less than 15 days before the quarterly meeting may be held for evaluation until the next quarterly meeting. For additional information contact Lucy Peterson, Grants Committee Chair, grantsandscholarships@ascensionfoundation.org