

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 Valinda Korshavn, Grants Chairperson, at (805) 493-2426.**