**Pilgrim Fund Grant Request Application**

The Pilgrim Fund exists to support the religious and educational activities of the Congregational Summer Assembly, and can only fund requests within its mission. Please complete this application and send to the
Pilgrim Fund, PO Box 94, Frankfort, MI 49635.

Date of Application: _____
Committee/group: _____

Contact person: _____

Email: _____ Phone number: _____

List any previous support from the Pilgrim Fund in the last 3 years: _____

_____

_____

Project Name: _____

Purpose of Grant *(one sentence)*: _____

_____

_____

_____

Describe how this project falls within the scope of the Pilgrim Fund's mission: _____

_____

_____

_____

Project date(s): _____ Amount requested: $_____ Total project cost: $_____

Other partner organization(s)/funding source(s): _____

_____

Evaluation (how will success be defined & measured): _____

_____

**If this grant request is approved**, please submit a written report describing the impact of the Pilgrim Fund's support and outcomes achieved **by September 1st** to the Pilgrim Fund, PO Box 94, Frankfort, MI 49635.

**Pilgrim Fund use only**

Date received: _____ Date reviewed: _____ Approved: Yes No Amount of grant: _____ Grant date: _____ Date impact report received: _____