## 2026 HOPE TRUST GRANT APPLICATION

UNIVERSITY LUTHERAN CHURCH OF HOPE 601 13TH AVE SE Minneapolis, MN 55414-1437 (612) 331-5988 www.ulch.org trustboard@ulch.org. Fax (612) 623-0693

TRUST BOARD Request for Funding, Due September 30, 2025

Go to www.ulch.org/trust-board for more information on applying for a grant.

| Your Name                              | Phone Number               | Email Address                                    |
|--|----------------------------|--|
| Name of the project or organization    | to be funded:              |  |
| ivalile of the project of organization | to be fullded.             |  |
| _                                      |                            |  |
| Description of project or organization | on:                        |  |
|  |                            |  |
|  |                            |  |
|  |                            |  |
|  |                            |  |
| What is the relationship of this proje | ct or organization to Univ | versity Lutheran Church of Hope and its mission? |
|  |                            |  |
|  |                            |  |
|  |                            |  |
| Provide website or supporting inform   | nation about organizatior  | n (if applicable).                               |
|  |                            |  |
| Requested amount of funding:           | Is the proposal viable     | e with partial funding?  No Maybe                |
| How are funds to be spent (budget):    |                            |  |
| now are runus to be spent (buuget).    |                            |  |
|  |                            |  |

| Address of    | organization where    | tunds would be sent   | : (іт арріісаріе)      |                |        |
|---------------|-----------------------|-----------------------|------------------------|----------------|--------|
| List amour    | nts and years of Trus | t Board funding of tl | his or similar request | s in the past: |        |
| Year          | Amount                | Year                  | Amount                 | Year           | Amount |
| If you will i | not be responsible fo | r dispersing the fund | ding, who will be:     |                | •      |
| Name          |                       | Contact In            | formation              |                |        |