

FIRST GENERATION FUND Grant Application



Send completed applications to VMCgrants@virginiaconference.org.

Date / /

APPLICANT INFORMATION

Name	
Phone	E-mail
Address	
VMC Congregation	District
Pastor	Oversight Minister

REQUEST

Purpose	Amount Requested \$
Payable to / Address to send Funds	

APPLICANT SIGNATURE

Signature of Applicant	Date / /
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Applicant: Please submit to your Oversight Minister for approval.

OVERSIGHT MINISTER

Name (Print)	Approval <input type="checkbox"/> Approved <input type="checkbox"/> Tentatively Approved <input type="checkbox"/> Not Approved
Signature of Oversight Minister	Date / /

Comments

For office use	Date Received / /	Initials
Action Taken		
Signature		Date / /
Amt\$	CK#	Date / /
Amt\$	CK#	Date / /