

Presbytery of West Jersey
Mission Committee
PEACEMAKING GRANT APPLICATION

Date of Application: _____

Name of Applicant: _____

Church/Organizational Affiliation: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____ Fax: _____

Amount Requested: \$ _____

Please attach your projected budget, including additional sources of funding.

Name of Project: _____

Description of Project: _____

(Use additional paper if needed for Project Description)

What goal(s) do you hope to accomplish with this project? _____

Presbytery of West Jersey

Mission Committee

PEACEMAKING GRANT APPLICATION

Why do you believe this is a “peacemaking” project? Specifically, how does it involve “peacemaking”?

Are you willing to be available to the Presbytery as a resource person/organization in the future?

Grant check should be made payable to: _____

Signature: _____ Date: _____

Title: _____

Please print signatory's name