



NECW USE ONLY

Date Received _____

Date Approved _____

THE NATIONAL BOARD OF EPISCOPAL CHURCH WOMEN
UNIVERSAL GRANT APPLICATION

Date: _____

PLEASE PRINT/TYPE ALL RESPONSES

1. Applicant's name, address, phone number, email address, etc.

2. Name of Grant/Event/Program for which funding is requested: _____

3. How will your involvement in this event or project address the stated purpose of ECW: empowering the women of The Episcopal Church to carry out Christ's work throughout the world? How will your involvement address at least one of the [Five Marks of Mission](#)?

4. Amount requested (USD) \$_____ How will funds be used, i.e. travel, hotel, meals, registration fees, supplies, etc.?

5. Have other funds been requested by applicant for this purpose? _____

From whom: _____

When: _____

Amount: _____

6. Are there other funds available for this purpose from other sources? _____

7. Has applicant received a NECW grant before? Yes _____ No _____ If yes, when and for what? _____

8. Please list the name, address, email and phone number of your parish/mission.

Applicant understands and agrees to file a written report to the NECW as to any grant request received. Such report shall contain information as to how funds were used and how the purpose/objective was achieved and evaluated.

Applicant's signature

Print name

Notes:

- (1) See Episcopal Church Women's website (www.ecwnational.org) for more information on the [Five Marks of Mission](#).
- (2) Applicants may be required to submit a letter of support from their bishop or bishop's designee.
- (3) Episcopalians, especially programs benefiting women and children, will receive priority.
- (4) If additional information is needed, please contact Karen Patterson at: treasurer@ecwnational.org.

Mail to:

Karen Patterson
National Episcopal Church Women
P. O. Box 1866
Dade City 33526