



**The National Episcopal Church Women
Diocesan ECW Start-Up
Reactivated Grant Application**

Date Application Rec'd:
Date Application Approved:
Date Application Denied:

Date of Application: _____

Province: _____

Diocese: _____

Applicant's Name: _____

Address: _____

E-mail: _____ Phone# _____

Names and contact information for Formation Committee:

1. Name: _____ e-mail: _____

2. Name: _____ e-mail: _____

3. Name: _____ e-mail: _____

Statement of Need: _____

Past ECW Activity: _____

Amount of requested funding (up to \$1,000): _____

If application approved, to whom should the check be written:

Name: _____

Address: _____

Attach a proposed budget.

Signature of NECW Province Representative: _____

Signature of Diocesan Bishop: _____

Within a year after the funds are received, the applicant agrees to submit a written report to the current NECW president indicating how the funds were spent. E-mail: President @ECWnational.org

Signature: _____

Date: _____

Send application to: ECWstartupgrant@ECWnational.org