The Eastern Kentucky United Methodist Health, Education & Welfare Fund
Grant Application Cover Sheet
United Methodist Church or Organization

Name of Organization: ____________________________ Date: ________________

Contact Person/Title: ________________________________

Address: __________________________________________

City: __________________ State: __________ Zip: ____________

Phone: ______________ Fax: ______________ e-mail: ______________________

Project Name: ______________________________

Purpose of Grant: ________________________________________________

Amount Requested: $ __________________ Total Cost of Project: $ ______________

Geographic Area Served: ________________________________

Sponsoring Church: __________________________________________

Signature: ______________________________
Pastor or President/Executive Director: ______________________________

Typed Name: __________________________________________

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