

Cover Page for Nebraska North LWML Mission Grant Proposal

Name of the Mission Grant:

Name of the Agency(Person Submitting):

Affiliation with LCMS:

Contact Person:

Name and address

Project Administrator:

Name and address

Funds will be sent to:

Name and address

Signature Page for Nebraska North LWML Mission Grant Proposal

Applicants must obtain the following signatures

Signature of Submitter:

Date:

Signature of the Project Manager

Date:

Vice President of Gospel Outreach will obtain the following signatures:

Signature of Nebraska LCMS District President:

Date:

Signature of Nebraska North Vice President of Gospel Outreach:

Date:

Signature of Nebraska North District LWML President:

Date: