

Cover Page for LWML Nebraska District North Mission Grant Proposals

Name of the Mission Grant:

Amount Requested:

Name of Person Submitting:

Affiliation with LCMS:

Contact Person

Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email address:

Project Administrator

Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email address:

Funds will be sent to:

Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Email address: