

BENSON FUND GRANT APPLICATION

1. DATE: _____

2. NAME AND CONTACT INFORMATION FOR ST. LUKE SPONSOR:

Name: _____

Address: _____

Phone number: _____

Mail (if any): _____

3. NAME OF FEDERALLY TAX-EXEMPT ORGANIZATION:

Address of Organization: _____

Website of Organization: _____

Name of contact person: _____

Phone number of contact person: _____

Email address of contact person: _____

4. REQUEST FOR FINANCIAL SUPPORT: (DOLLAR AMOUNT)

5. PURPOSE OF THIS GRANT REQUEST

A. Please provide details of your organization's project or work, specific need, and requested support.

B. We ask you to report project outcomes and how money was used. When can we this information ?