

# Application for Tithing Grant

Resurrection Social Justice Committee

Date of Request: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person at Organization: \_\_\_\_\_

Mailing Address of Organization: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Organization: \_\_\_\_\_

What service(s) do(es) this organization provide? \_\_\_\_\_

\_\_\_\_\_

Explain in your own words how this project supports the Christian principals listed under "Types of Organizations". \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What objectives of the organization do you wish to see funded?

\_\_\_\_\_

\_\_\_\_\_

How will the organization/recipient(s) use the funds? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of funds requested: \$\_\_\_\_\_

Individual submitting this application must be a current registered member of Resurrection.

Parishioner requesting funds: \_\_\_\_\_

Parishioner's phone #: \_\_\_\_\_

Parishioners e-mail address: \_\_\_\_\_

Please send/submit completed forms to:

Church of the Resurrection  
% Social Justice Committee  
4300 Asbury Road  
Dubuque IA 52002

or via email to: DBQ058bm@DBQARCH.ORG