



## Application for Grant: Endowment Ministries Account

Date: \_\_\_\_\_

### Applicant Ministry

**Note: Applications for grants from the WPC Endowment Ministries Account must be sponsored by the current Ministry Moderator/Session Member of the applicant entity.**

Ministry \_\_\_\_\_

### Sponsoring Ministry Contact Info

#### Moderator

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

#### Other Representative (if applicable)

Name \_\_\_\_\_ Function \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Recipient Organization

Name of intended recipient organization: \_\_\_\_\_

Please specify: \_\_\_\_\_ Internal WPC Function \_\_\_\_\_ External Organization  
\_\_\_\_\_ International Program

Note: If the recipient organization is external to WPC or an International Program, please provide the following:

Contact \_\_\_\_\_

Address of Organization \_\_\_\_\_

**What is the fundamental purpose/mission of the intended recipient organization (e.g., functions performed, services provided, etc.)?**

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**If the recipient organization is an External Community Function or International Program, to which general areas of support does this grant request apply? Circle all that apply.**

A. Community Health & Wellness

C. Senior Services

B. Children & Young Adults

D. Other (specify) \_\_\_\_\_

**Grant Request**

**What is the purpose of the grant request?** (Be specific regarding how requested funds will support the organization's mission.)

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**What dollar amount is requested for this grant?** \_\_\_\_\_

**Is there a timeframe associated with this request (e.g., seasonal)?**

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Please add pages as required. If applicable, please attach a copy of IRS Form W-9, "Request for Taxpayer ID."

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When complete, return the application to:  
Williamsburg Presbyterian Church, 215 Richmond Road, Williamsburg, VA 23185  
Attention: Chair, Endowment Fund OR submit via email to [endowment@mywpc.org](mailto:endowment@mywpc.org)