

**COVER PAGE FOR LWML MICHIGAN DISTRICT 2026
MISSION GRANT PROPOSAL & DIRECTORY OF GRANT PERSONNEL**

Name of Proposal _____

Amount Requested \$ _____ Name of grant author: _____

Are you requesting funds from any other source? Yes _____ No _____

Submitted by: LWML Member ☐ LWML Group ☐ LWML Zone ☐
 Circuit Mission Council ☐ Synodical Board ☐ RSO ☐

Entity this person represents: _____ Position held _____

Street Address _____ P O Box _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

ENDORSEMENT – Proposals for funding ministries outside the Michigan District or outside the United States require the endorsement of the LCMS District President or the President of the national church:

President's signature _____

Print name of president _____

District or National Church _____

Street Address _____ P O Box _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ E-mail _____

Grant Administrator _____ **Title** _____

Ministry to which check shall be payable: _____ @ time of each draw

Street Address _____ P O Box _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____ E-mail _____

Must be postmarked by October 31, 2025

Send this page as the top page with entire grant document to:
Carol Swenson, VP of Mission Outreach – LWML MI District
822 W. Huron Ave., Vassar, MI 48768; phone: 810-714-0405
email: carol_swenson@att.net