

## **Saint Andrew's Lutheran Church Endowment Fund Application - 2026**

**Grants are awarded up to \$1,000. Applications and questions should be directed to:**

**Saint Andrew's Endowment Board  
914 West Boulevard South  
Columbia, MO 65203  
Phone: 573-449-5674  
[Email: office@saintandrewslutheran.org](mailto:office@saintandrewslutheran.org)**

**(Applications for funds must be received by post or email by February 15, 2026)  
(Please Use Current Form)**

**PURPOSE:**

The Saint Andrews Community Ministries Endowment Fund (Fund) supports community organizations that serve individuals and families in Boone County for non-emergency and non-crisis needs. The Fund assists Saint Andrew's Lutheran Church in responding to Christ's call to serve others. Applications are considered on a non-discriminatory basis.

**CRITERIA:**

- Funds shall be for non-emergency, non-crisis needs to support organizational goals;
- Organization must be of service to Columbia and/or Boone County residents;
- Funding requests cannot provide or enhance organizational salaries; and
- Funding requests will also be considered for shared funding from other sources.

### **Saint Andrew's Community Ministries Endowment Fund Application for Funds**

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

Address: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home or Cell) \_\_\_\_\_ (email) \_\_\_\_\_

Project title for requested funds: \_\_\_\_\_

Brief Project Description & Objectives (Please provide information on Page 2 to describe and support this Application):  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Project Starting Date ..... \_\_\_\_\_

Total Project Budget (for which supplemental funds are requested) ... \$\_\_\_\_\_

Amount Requested from Endowment Fund..... \$\_\_\_\_\_

Other sources or pending sources that may provide financial help with this project:  
\_\_\_\_\_  
\_\_\_\_\_

Provide Short Answers to Help Understand Project:

1. Primary Purpose of Organization:
2. Description of Who and How People are Served:
3. Description of How Endowment Funds will Directly Assist Project or Program:
4. Expected Short- and Long-term Benefits from Project or Program:
5. Additional Information to Help Justify Funding:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

*Print Name and Title of Authorized Signer:* \_\_\_\_\_