

The Episcopal Church of The Ascension

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The Episcopal Church of the Ascension Outreach Ministries – Funding Request

Organization Name: _____ 501(c) 3 Yes _____ No _____

Address: _____

Phone Number: _____ Cell Number: _____

Contact Person: _____

Title: _____ *PLEASE ATTACH LIST OF BOARD MEMBERS

Email Address: _____ /Website _____

What is the mission of your organization? _____

What population do you serve? _____

Have you received funding from Ascension in the past two years? Yes _____ No _____

If so, when and how much? _____

How were those funds used? _____

Current funding being requested: \$ _____

How will the funds be used? _____

How many people do you anticipate will be impacted by this funding? _____

Signature: _____ Date: _____

Printed Name and Title: _____

Ascension Use Only: APPROVAL DATE _____

APPROVAL AUTHORITY _____