

*The Episcopal Church of The Ascension*

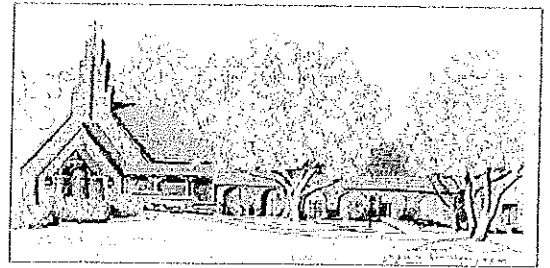
726 First Avenue NW, Hickory, NC 28601

phone: 828-328-5393 fax: 828-328-4759

web: [www.ascensionhickory.org](http://www.ascensionhickory.org)

email: [ascensionhickory@gmail.com](mailto:ascensionhickory@gmail.com); [kmwoggon@gmail.com](mailto:kmwoggon@gmail.com)

*The Rev. Karla M. Woggon, Rector*



**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: \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

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

Printed Name and Title: \_\_\_\_\_

Ascension Use Only

APPROVAL DATE \_\_\_\_\_

APPROVAL AUTHORITY \_\_\_\_\_