

GRANT REQUEST #: _____

DATE RECEIVED: _____

(Foundation use)

THE HOLSTON CONFERENCE OF THE UNITED METHODIST CHURCH FOUNDATION, INC.

**EVELYN WEBB HENSON YOUTH ENDOWMENT
GRANT APPLICATION FORM**

Grant to Benefit Youth

In 1995 **Evelyn Webb Henson** established a Charitable Trust in the Foundation, which provided income to her for the rest of her life. Upon her death on September 2, 2005, the Trust dissolved and created **THE EVELYN WEBB HENSON YOUTH ENDOWMENT**. This permanent fund will annually distribute earnings to benefit young people in need and youth ministries. Evelyn spent her life behind the scenes, lovingly caring for young people, family members and others. Now this fund will continue her caring touch.

Youth grants are to be geared toward Holston Conference associated churches, institutions, and programs to provide educational, recreational, and spiritual programming for young adults. Each year we will have approximately **\$25,000** available (grants normally range from a few hundred dollars to several thousand). The Trust's guidelines state that no part of the grant funds should be used for the maintenance, operation, or construction of physical facilities. Grant requests for equipment will be considered if necessary for the program or specified activities. The Grants Committee will review each year, which should include a brief summary of the project, the budgeted need and other funding services. Seed money for new projects is encouraged. Matching funds/challenge grants are also encouraged. Ongoing support and general operating support for existing programs are discouraged.

Project Title: _____

Church/Organization Name: _____

Church Membership: _____ Church Attendance: _____

Contact Person / Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ E-mail: _____

Does your church/organization/ministry have an account with the Foundation? YES NO

BASIC REQUEST INFORMATION

Total amount requested: \$ _____

Payable over (period): _____

Brief description of project:
(attach additional sheet if needed)

Type of Funding Requested: _____ Matching (dollar(s) for each dollar of Loving Trust support)
_____ Challenge (\$_____ to be raised by organization to receive Loving Trust support)
_____ Outright grant
_____ Other: _____

A. PROJECT BUDGET *(describe other sources of funds available to assist with the project):**

B. EXPECTED EXPENSES:*

BENEFITS / EXPECTED RESULTS OF PROJECT: *

OTHER COMMENTS: *

* Attach other documents or information as needed

ALL SUBMISSIONS ARE SUBJECT TO THE PROCESS, PROCEDURES AND RULES OF
EVELYN WEBB HENSON TRUST, AS CHANGED FROM TIME TO TIME.

DATE: _____ (Name of Applicant/Organization)

Signed By: _____ Title: _____

RETURN COMPLETED APPLICATION TO:

HOLSTON CONFERENCE FOUNDATION

Attn: Roger Redding

P.O. Box 900

Alcoa, TN 37701-0900

(865) 690-8124

(865) 690-3162

rogerredding@holston.org