



St. James United Church of Christ

P.O. Box 399

Saline, MI 48176

(734) 429-9761

stjamesben@gmail.com

St. James UCC Benevolence Grant Application

Organization Name _____ Date _____

Address _____ Tax ID _____
(if applicable)

City _____ State _____ Zip Code _____

Phone _____ Email _____

Contact Name _____ Email _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

If a grant is awarded, who should the check be written to: _____

Check should be mailed to the:

Organization Address Above

Other (please provide below)

Contact Address Above

Organization mission statement, if applicable:

Mission or project funds to be used for:

Amount Requested _____

Grant Submitted By _____

(Information will only be used if there are outstanding questions)

****Applications are accepted November 1st - January 31st****

Committee Use Only

Committee Date Received _____

Committee Decision _____

Dollar Amount _____