

Sardis Presbyterian Church  
Request for Financial Assistance  
2018

---

Date of Application \_\_\_\_\_ (due September 30, 2017)

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

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Amount of Assistance Requested \$ \_\_\_\_\_

Percentage of Annual Budget for Administration \_\_\_\_\_ %

Percentage of Annual Budget for Client Services \_\_\_\_\_ %

What is the overall mission of your organization? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Specifically, how will the requested financial assistance be used? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you currently have a volunteer or financial connection with Sardis Presbyterian Church? If so, please describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*\*\*\*\*Please include documentation of your tax-exempt status with this application.\*\*\*\*\**

---

Return To

Sardis Presbyterian Church  
Chair, Mission Interpretation Ministry  
6100 Sardis Road  
Charlotte, NC 28270