

Isle of Hope United Methodist Church
United Methodist Women
412 Parkersburg Road
Savannah, Georgia 31406

The organized unit of United Methodist Women shall be a community of women whose PURPOSE is to know God and experience freedom as whole persons through Jesus Christ, to develop a creative, supportive fellowship, and to expand concepts of mission through participation in global ministries of the church.

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email address: _____

Person(s) submitting application

Name: _____ Title: _____

Name: _____ Title: _____

Name of Executive Director: _____

Have you ever received funding from Isle of Hope United Methodist Church?

Yes _____ No _____ Amount _____ Date Received _____

How were the funds used? _____

Background of your organization:

What is the mission of your agency?

Who are the recipients of your services and how many people do you serve each year?

Note: *Funding from the Isle of Hope United Methodist Women's projects must be used for the following purely charitable purposes: relief of the aged; church related youth activities; religious instruction or worship; or construction or repair of church buildings or facilities.*

Project information

1. Please give a description of the project/program for which funds are requested including substantiation, client group served, and size of client group.

2. What is the total program/project cost? _____

3. What amount are you requesting from the Isle of Hope United Methodist Women?

Please attach the following:

1. List of members of Board of Directors
2. If an organization, copy of letter from Internal Revenue Service determining organization to be exempt from income under section 501© (3) of the Internal Revenue Code

Applicant Signature/Organization Representative

Printed Name: _____

Title: _____

Date: _____

Please note: Only applications with all documentation will be considered.