

APPLICATION FOR CHURCH MUSICIAN EDUCATION & ENCOURAGEMENT GRANT UP TO \$500

NAME OF PROJECT:		
Name and place of Congrega	tion:	
Contact person for this app	lication	
Name:		
Address:		
Phone:	Email:	
Amount applied for:	Total cos	st of project:
State/Finish Date: What will you use this grant	t for?	
	romotion and encouragement of	church musicianship in your local
Confirm congregation LAMP s Yes No	statistics are up-to-date:	
Date of approval by congrega	tion's Church Council:	Please turn over

Please submit this form by email to the LCA SA-NT District office email: mission@sa.lca.org.au

District Approval

Date of approval:		
Signature of District Bishop	Date	
Signature of District Representative	Date	