



# State College Presbyterian Church

132 West Beaver Avenue  
State College, Pennsylvania 16801  
814-238-2422

## **“Mission Dreams Into Action Grant Program” Local Service & Worldwide Mission Support Request**

Please answer questions completely.  
Attach additional pages as necessary.  
Please submit two completed copies of the application and one copy of the additional pages that are necessary.

Deadline for Submission:  
Requested amount: \$\_\_\_\_\_

1. Name of organization:

Primary Contact Name and

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

2. Please give a brief history of the organization:

3. Organization's mission statement or purpose:

4. Briefly address the following:  
Will these funds support a specific program in your organization?

What is the purpose of the program?

How long has this program been in existence?

Is the program ongoing?

5. Please provide further information as follows:

What are the specific goals and objectives of program?

What is your estimated number of people served?

Are there any specific accomplishments you wish to share?

6. Is the program Christian, interfaith or humanitarian?

7. What makes your program special?

8. What percentage of your total budget serves your clients directly?

9. State what percentage of your funding comes from the following:

- a. state government
- b. federal
- c. corporate
- d. foundations
- e. private
- f. churches
- g. endowments
- h. other

10. What percentage of your board members give to the organization?

13. Are there any non-monetary services or goods that we could provide to the organization?

Submitted by:

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Position:

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Date:

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Telephone:

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E-Mail:

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