

APPLICATION FOR FUNDING
ST. JAMES UNITED CHURCH OF CHRIST
VISION OF HOPE FUND

Date	Amount	Purpose (education, church, outreach, etc.)
Send Check To (name of payee)		
Address (mailing address of payee)		
Briefly explain how the requested money will be used.		
Privacy Choice <input type="checkbox"/> 1. Publish recipient name in St. James Annual Report (select one) <input type="checkbox"/> 2. Publish only descriptive category name		
▲ <i>Option 2 will automatically be applied to medical requests (HIPAA)</i> ▼ <i>Parent/guardian signature is required for requesters under age 18</i>		
Requested By (please print clearly)	Phone or Email	
Signature		

Please return this completed form to a member of the Vision of Hope Committee. Requests are reviewed quarterly and submitted to St. James' Consistory for final approval.