

## “Sisters Stand and Walk Together” Grant Request Form

### Part 1. General Information

Requesting synod \_\_\_\_\_

Grant amount requested (\$2,500–\$5,000): \_\_\_\_\_

#### Applicants

Name \_\_\_\_\_

Name \_\_\_\_\_

Position in PWS \_\_\_\_\_

Position in PWS \_\_\_\_\_

Presbytery \_\_\_\_\_

Presbytery \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### Part 2. Specific Project Information

1. Why do you want to start the “Sisters Stand and Walk” program? What are your goals?

2. Who will make up the team that designs the program?



7. Who will be responsible for the grant?

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Synod Endorsement and Signature Required**

Presbyterian Women in the Synod of \_\_\_\_\_  
endorses this application and agrees to accept the terms and conditions of the grant. The  
person signing this agreement on behalf of the applicants certifies that they have the authority  
to execute this agreement.

Name: \_\_\_\_\_  
PW Synod Moderator

Signed: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
PW Synod Moderator

If your grant request is approved, a check will be made payable to your PW in the Synod, and will be mailed to your PW in the Synod Treasurer.

Check Payable to: \_\_\_\_\_  
Name of Synod

Mail to: \_\_\_\_\_  
Name of PWS Treasurer

\_\_\_\_\_  
Street Address

\_\_\_\_\_

City State Zip code

*Please mail or fax your completed form to:*

**Patricia Longfellow  
Presbyterian Church (U.S.A.)  
100 Witherspoon Street, Room 3047A  
Louisville, KY 40202-1396**

**Fax: 502/569-8600**