

NEBRASKA UNITED METHODIST FOUNDATION

Dean and Keitha Thomson Mission Grant Application

Name of Church/Indi	vidual			
Phone		Ema	il	
Mailing Address				
City	State	Zip		
Name of Hosting Church/Ministry/Orga	anization			
Name of Mission Wo	rk			
Location of Mission V	Work			
Date of Mission World	k			
The amount you are r	equesting from t	this grant: \$_		
of work	h details about the	he mission wo		pose, plan, and significance include all sources of
Grants are renewab availability of funding	_		• •	d contingent upon the project.
Please check: 1 st	year application	n $\square 2^{\text{nd}}$ y	ear application	3 rd year application
Does your mission re	late to the Great	Plains United	Methodist Conf	Ference? Please explain.
Is a Foundation grant	necessary for yo	ou to participa	te in this mission	n? □Yes □ No
Please explain				

If you are applying for a second- or third-year grant, please provide a brief summary of how the grant was used (Pictures and stories of your ministry are greatly appreciated - attach additional pages, if necessary):				

Application Deadline: April 1st

Mail form to:

Attn: Kristine Roberts, Director of Stewardship Nebraska United Methodist Foundation 100 W. Fletcher Ave., Ste. 100 Lincoln, NE 68521

For questions, call 402-323-8842 or email: kroberts@numf.org.