

**The Eloise McKnight Trust**  
**Application for Trust Fund Grants**  
Accepted by the McKnight Fund Committee 6/16/97

Please read the application materials provided with this form and complete this application in light of those principles and procedures.

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Amount Requested: \_\_\_\_\_
6. Date of this Application: \_\_\_\_\_
7. Contact person(s). \_\_\_\_\_
8. Your Name: \_\_\_\_\_
9. Your Signature: \_\_\_\_\_

(Please note – your signature signifies your acceptance of the terms of the grant as outlined in the Principles and Guidelines of this application. Note also that upon receiving funds you will provide the committee with periodic and/or final report of the work.)

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Use additional paper if necessary to answer the following questions. Make sure these answers address the 5 principles – which are the determining criteria by which your application will be considered

1. **Description** - describe the need or program for which you are making this request.

2. **Mission Criteria** – Explain how this request meets the criteria for one or more areas of Christian witness described in the Principles and Guidelines

3. **Goals and Objectives** – What do you wish to accomplish with these funds?

4. **Timeline** – What is the time line in which you intend to use these funds?

5. **Background** –

a. Individual – tell us about yourself

b. Organization – what is the purpose and work of your organization

6. What will happen if you do not receive full funding from McKnight?

7. Please tell us how you heard about the **McKnight Grant Program**

Submit Grant Request to:            Chairperson, McKnight Fund Committee  
New Paltz United Methodist Church  
1 Grove Street  
New Paltz, NY 12561

(Application retyped 7/12)