**Episcopal Church Women Foundation Grant Application**

**Name of Organization**:

**Address**:

**Contact Name and Phone Number**:

**Please tell us about your organization**:

**Amount of grant for which you are applying**:

**What are your sources of funding?**:

**How will you utilize the grant money? Please provide specific goals.**:

**Please return this completed form to:**

Liz Adams

ECW Endowment Chairperson

15 Windy Ridge Ct

Maumelle AR  72113

501-416-5816