**Church GCFA#\_\_\_\_\_\_\_\_\_\_ For Office Use Only: UMCM ACCT# 60-53010-370-1660**

**United Methodist Community Ministries**

**2024 Freedom Schools Grant Application**

**Who Can Apply:**

CAN and CAS Churches sponsoring Children’s Defense Fund Freedoms Schools

**Instructions:**

* Your grant application should be limited to two pages, single spaced, font size 12.
* Each Freedom School can request up to **$5,000**.
* Deadline **November 8, 2023.**
* Return your completed application by mail to **UMCM**, **32 Wesley Blvd, Suite 100, Worthington, Ohio 43085** or email to **kcook@wocumc.org.**

Name of Freedom School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: best phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What year was this Freedom School Started? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How did you accommodate the program during the 2020-2021 pandemic? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How many children attended 2023? \_\_\_\_\_\_\_\_\_\_\_\_\_ 2023 budget $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Projected attendance 2024\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2024 budget $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) How will the funds be spent?

4) How will this funding benefit your ministry?

5) Share one story of how someone has been positively impacted by this ministry.

6) Share other sources of funding?

**Required Signatures:**

Sponsoring Church Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by action of the UMCM Board \_\_/\_\_/\_\_\_\_

UMCM Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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