

First Unitarian Church of Duluth Kochendoerfer Fund Request

Date of Request: _____

(Application must be submitted at least 1 month prior to when you'd like to use the funds.)

Contact person for request (name and way to contact you):

Are you affiliated with either of these groups?

_____ YRUU _____ Young Adult Group _____ No

Description of project/activities that funds are being requested for. Please include specific dates, if funds will be used for a specific trip/activity. Let us know how you might eventually like to share your experience with the congregation. Use additional paper, as needed, to adequately describe your request. Try to include how the request reflects the guidelines/intent of the Kochendoerfer Fund:

Does this request meet the guidelines as outlined by the Kochendoerfer Fund? _____ Yes
_____ No

Request was _____ approved _____ not approved
(if not approved, please indicate why the request was not approved)

Date of action: _____

Committee Signature(s): _____