**D.U.M.C. OUTREACH COMMITTEE**

**Special Funding Request**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of special funding requested: $\_\_\_\_\_\_\_\_

Organization or individual receiving funding: $\_\_\_\_\_\_\_

What need will this fund request meet:

What other funds has DUMC provided this year to this organization?

Organization Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_

Organization address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your willingness to serve others in Christ. Please submit this application to the following address:

Dahlonega United Methodist Church

Outreach Mission Scholarship

P.O. Box 455

Dahlonega, GA 30533