

DMC 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 DMC 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 Methodist Church
Outreach Mission Scholarship
P.O. Box 455
Dahlonega, GA 30533