



Grant Request

Name of Applicant _____

Institution _____

Location _____

Your role at the institution (circle all that apply): DCE Pastor Teacher Administrator
Volunteer Staff Other

Briefly describe the project you wish to have resourced. (Please note that the IRE's mission is "To enhance the intentionality and effectiveness of Christian education in church and school" – the projects which align with this mission will be considered.)

What resource(s) are you requesting and how will those resources be used? _____

What are hoped for starting/ending dates for your project? _____ - _____

(continued on the back page)

How will you know if your project was successful (anticipated outcomes)? _____

All grants resourced by the IRE will be required to produce a resource that can be used by other churches, schools or church-related institutions. Please describe the resource that you hope to produce and how it can enhance the educational ministry efforts of others.

Your contact information: Email _____

Mailing address _____

Your signature and date _____

For institute use	
Reviewed by:	
Date:	Approved – Denied – Pending
Resources to be allocated:	

Send to: Dr. Mark Blanke, Director
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