



District Projects Request for Light for the Lost Assistance

Part I: Applicant Data

Ministry: _____ Date: _____
 Contact: _____
 Address: _____
 City/St/Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Part II: Projected Use of Funds

Quantity	Description of Resources*	Amount	Date Needed By
Grand Total of Application		0.00	

**Description of Resources must be specific to determine eligibility. Vague requests will be returned for more information which will cause a delay in your approval.*

Part III: Projected Use of Resource

**Please describe the intended audience/recipient of the funds, and the setting/event where they will be used.*

Part IV: District Appeals

Home District: _____
 Possible Partnering Districts: _____

Part V: Approval

District Men's Director or LFTL Coordinator** _____ Date: _____
 District Missions Director or Superintendent** _____ Date: _____

*** Two different District Official signatures required before mailing to the National LFTL Office for consideration.*

Please send completed forms to:
 Light for the Lost
 1445 N Boonville Ave
 Springfield MO 65802-1894
 Fax: 417.832.0574