

## ST. JAMES ENDOWMENT FUND DISTRIBUTION REQUEST

Person and/or group \_\_\_\_\_

Amount requested \_\_\_\_\_ Date of Request \_\_\_\_\_

Request from focus area (check one):

Capital

Benevolent

Seminary

Youth Ministries

Anticipated use of requested funds \_\_\_\_\_

\_\_\_\_\_ (attached sheet if necessary).

Date needed by (if applicable): \_\_\_\_\_

### **Endowment Committee Response**

Request was:  Approved  Denied \_\_\_\_\_ Reason denied \_\_\_\_\_

\_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

Endow-request-Jul19

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