

**ASCENSION MEMORIAL EPISCOPAL CHURCH
HELEN AYER CHILDREN ENRICHMENT GRANT**

(Application)

Helen Ayer Fund Description

The Helen Ayer Children Enrichment Fund was established in August 2015. Its purpose is to enrich the quality of our local Ipswich youth community by providing funds to individuals, groups and organizations* central to the Core Values of Ascension Memorial Church (AMC).

- Annual grant amount to be awarded is \$2,000
- Annually awarded to one or more applicants in June

AMC Core Values

Consistent with the commitment to our Core Values, we will evaluate requests for funding of new or enhanced programs, services or other offerings from individuals/groups who serve the Ipswich youth community. Disbursement of funding shall give greater consideration to requests aligned with our Core Values:

- Flourishing – giving abundantly with care and compassion in service to others.
- Family – being real, welcoming and supportive to all.
- Community –sharing our lives and building relationships with those near and far

Application Submission Due Date: May 15, 2017 (by 5PM) submit to: Ascension Memorial Church, 31 County Street, Ipswich, MA 01938 or attached and email to amcipswich@verizon.net

Applicant Information

Date: _____

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Have you ever received any funds from AMC? _____ If yes, please list year(s) and project(s)

Need for Funds: operational, new project or other (please specify): _____

Amount Requested: _____

Project Overview (separate sheet, please be specific)- include: population and geographic area being served, other support materials, as available

*Non-profit organizations, please complete the **Organization Summary Sheet**

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Organization Summary Sheet

(Completed by Non-Profit Organizations only)

Contact Information

Name of Organization: _____

Contact Person: _____

Address: _____

Contact email: _____

Contact Phone: _____

Organization Website: _____

Organization Phone: _____

Organization Information

Board Members: _____

Tax ID Number: _____

Annual Budget: _____

Source of Funds: _____

Current Fundraising Programs: _____

Fiscal Year End: _____

Staffing (volunteer or salaried employees): _____

Mission Statement: _____
