

## LOAN APPLICATION

Date	Churc	ch Name		
Applicant Name	Applicant Phone		Applicant Email	
Is Applicant a Trustee?	Yes	No	If No, Trustee	's Name, Phone, Email
Pastor Name	Pastor Phone			Pastor Email
Name of Project				

Description of Project (add additional sheets if needed)

Loan Amount Requested	Amount of Church Funding	Total Cost of Project
Anticipated Start Date of Project	Anticipated Completion Date of Pro	ject

**Additional Details** 

Attach <u>3 separate bids</u> for the project to the completed Loan Application form and send to DS Rev. John Kasper:

jkasper@michiganumc.org or Central Bay District UMC 526 West 14<sup>th</sup> Street #133 Traverse City, MI 49684

Call 989.793-8838 with any questions.