

2021 LAY DELEGATE ASSISTANCE FORM

Grant Amount: \$500.00

Congregation Name _____

Address _____

Contact _____

Phone _____

Email _____

Delegate Name _____

Mission District Name _____

Supporting information from the MD Dean

Dean's Name _____

Dean's Signature/Date _____

Congregations: Send the form to your Mission District Dean by **July 1** for consideration

Deans: Please send the completed form to Anne Gleason by **July 8**

Scan and email to agleason@thenalc.org

Fax to 651-633-4260

Mail to 2655 Innsbruck Drive, Suite A - New Brighton MN 55112-9304