St. John's Lutheran Church
Sharing God's Grace, Serving Through Love

Zinser Funding Request Form

Date: _____

Project/Program Name: _____

Requested by: _____

Project/Program Brief Description: (provide all pertinent information, use additional paper if required)

Responsible individuals or group (these individuals or group oversee the project/program and responsibilities for all reporting and updates):

Project/Program funding plan:

1. Onetime: $_____
2. Ongoing: $/mo._____ for ___ mo. Revaluate interval - _____

Please explain how this project/program supports the core values of St John's in short phrases:

-
-
-
-

Please explain how to measure the success of this project/program in short phrases:

-
-
-
-

Project/program recommended by: _____ (Table Group)

Congregation Council action:

Please fill out score sheet on back of form ➔

Rev. March, 2026

St. John's Lutheran Church
Sharing God's Grace, Serving Through Love

Zinser Funding Request Form

Date: _____

Fred & Dorothy Zinser Fund Project Evaluation Rubric

Project Name:	
Submitted by:	
Term (Months):	

Include Substantiation for All Items

1. Meets Zinser Guidelines *(0=no, 10=yes)*	
2. Supports St Johns Mission *(0=no, 10=yes)*	
3. Plan/Schedule *(0=none, 5=preliminary, 10=complete)*	
4. Impacts Community *(0=none, 5=some, 10=major)*	
5. Engages Membership *(0=none, 5=some, 10=major)*	
6. Complements Internal Ministries *(0=none, 5=some, 10=major)*	
7. Complements External Ministries *(0=none, 5=some, 10=major)*	
8. Cost Schedule *(0=none, 5=some, 10=complete)*	
Sum Maturity Level	