GRACE COMMUNITY CHURCH

Missions Support Application

PERSONAL INFORMATION Name:	Birthday:	1 1				
Spouse:	•					
Anniversary://						
Children - Name:		Birthday:				
Name:		Birthday:				
Name:						
Name:						
Current Mailing Address:		Permanent Mailing Address:				
tel:	tel:					
Brief testimony:						
,						
Marital status: Single Engaged Married Separated Divorced Remarried Widowed						
MINISTRY INFORMATION Name of Organization /Mission Board:						
Purpose/Focus of Organization (a brochure	may be attached in	nstead):				
Organization's Mailing Address:						
tel:						
Your proposed ministry (please include location, target "people group", and emphasis of your ministry):						

Education and/or applicable training/experience:	
Estimated date of arrival on the field:	
Length of terms on field:Length of furloughs:	
Location/Area where you expect to spend most of furlough:	
What is your connection with Grace Community Church or the E. F. C. A.?	
Name/address of home church:	
Are you members? Y / N Pastor's name/phone:	
Please provide 2 personal references:	
tel:	
FINANCIAL INFORMATION Monthly need: Amount raised: As of:	
One-time need: Amount raised: As of:	
Will you be providing any of your own support requirements (such as from a job or retirement pens	on?)
Additional comments you may have (including comments on this form or our policy):	

Please attach/include:

- > Brochure/information on your organization (and any specific information you may have previously prepared on what you plan to do)
- > A doctrinal statement from the organization
- > A breakdown of estimated expenses comprising your monthly need
- > A breakdown of estimated expenses comprising your one-time need
- > A family photograph (if available)