

Long Term and Short Term Mission Financial Support Application



Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: (____) _____ Email: _____

SIN: _____ Member of Grace Mennonite Church: YES NO

Name of Mission Agency: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: (____) _____ Email: _____

Total support/month required: \$ _____

Assignment Location: _____

For Short Term Assignment:

From: Month _____ Year _____

To: Month _____ Year _____

Please attach a brief description of your ministry plan to this application. Include answers to the following questions:

What will your role be?

How does this role fit in with the existing ministry?

Will you receive any extra training for this position?

What kind of debriefing and/or follow-up will happen?

Signature of Applicant: _____ Date: _____



Church Use Only!!

Date: _____

Support pledged: \$ _____ /mo Length of Commitment: _____

To be reviewed: _____
(Date)

Signatures: _____
 Missions Team member Mission Team member

Approval by Lead Team: _____