

PRAIRE VIEW CHRISTIAN CHURCH

REQUEST FOR MISSION FUNDS

(To Be Submitted to the Missions Team – Append Additional Sheets as Necessary)

PERSONAL INFORMATION

Name: _____

Date of Birth: _____

Address:

Home Phone: _____ Work Phone: _____

E-mail: _____

INFORMATION ABOUT THE MISSION

Name of the Mission/Church: _____

Sponsoring Organization: _____

Address:

Telephone: _____

Contact Person: _____

E-mail: _____

Date(s) of Mission: _____

FUNDS BEING REQUESTED

Amount of One-Time Funds: _____

Date the Funds are Needed: _____

Amount of Monthly Funds Requested: _____

Date the Monthly Funds are to Begin: _____

Date the Monthly Funds are to End: _____

Cumulative Amount of Monthly Funds Requested:

Total Amount of One-Time Funds and Monthly Funds:

SPECIFIC PURPOSE FOR WHICH FUNDS ARE NEEDED

Please describe the purpose for which the funds will be used:

SIGNED: _____ DATE: _____

Please be prepared to present the missions opportunity to the Missions Team. Your presentation should articulate your vision for participation in the mission, why you feel that you are called to serve, a description of your role in the mission (what will you be doing), how you hope God will use you, and how the Missions Team can pray for you.

Missions Team Use Only

Original Request Received By: _____ Date: _____

Requestor interview/presentation Date: _____

Subjective Review of Guidelines

Requestor considers PVCC as their church home.

Requestor is a regular attendee of PVCC.

Requestor professes a faith in Christ.

Requestor is currently involved in church or other ministry.

Requestor presented a clear vision for the desire to participate in the mission.

Sending organization is a Christian group (statement of faith made available if possible).

Sending organization is reputable, recognized.

Team Action:

Leader: _____ Date: _____

Treasurer: _____

Check Disbursed: Date: _____ Check # _____ Amount: _____

Monthly Checks Begin: _____ End: _____ Amount: _____