



## CHURCH STRENGTHENING TEAM

### Ministry Assistance Application

Church\Mission Requesting Funds: \_\_\_\_\_

Church Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_

In the box below, please describe in as much detail the ministry project any approved funds will be used for. Be sure to include the total cost, and the amounts that the local church and other partners will be contributing to the project. Use the back of the sheet if necessary.

Please send completed application to:

Jeremy Horton  
2128 IL Rt. 38 Box 185  
Ashton, Illinois 61006

Request Approved: YES NO

Date: \_\_\_\_\_

\_\_\_\_\_  
Team Leader

\_\_\_\_\_  
Associational Moderator