



LEADERSHIP DEVELOPMENT 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:

Tim Batchelor
1028 6th Street
Princeton, Illinois 61356

Request Approved: YES NO

Date: _____

Team Leader

Associational Moderator