



## MISSIONS AND CHURCH PLANTING 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:

Jon Sedgwick  
902 W. 12th Street  
Rock Falls, Illinois 61071

Request Approved: YES NO

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

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

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