

Saving Grace Church Long-Term Missionary Request or Funds

Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Phone _____ email _____

City and Country of destination _____

Total funding needed _____

Amount of funding already acquired from other sources _____

How did you hear about SGC: _____

Explanation of how these funds will be used:

Your Missions Organization:

Name _____ Website _____

Address _____ City _____ state _____ Zip _____

Phone _____ Email _____

Missions Statement and Fundamental Principles of this organization:

How did you become connected to this organization:

How long have you been in the field/ How long do you anticipate staying?

Your short-and-long term goals for this mission:

What has led you to believe this is something God is calling you to do?

When did you first come to faith in Jesus as your Lord and Savior?

Describe your growth in Christ and what He means to you?

This information is accurate to the best of my knowledge

Sign _____ Date _____

Office use:

Approval date:	Approval amount:	Approval initials:
Approval date:	Approval amount:	Approval initials: