

**APPLICATION for ACTS 1:8 MISSION FUND
(Church)**

Church: _____

Address: _____

City: _____ Zip: _____

E-Mail: _____

Location of Mission: _____

Description of Mission Project: _____

Does your project involve a Southern Baptist Church or Agency?

Circle one: Yes No

Please identify: _____

Purpose for funds requested, i.e. lodging, travel, supplies, etc.: _____

Date funds need to be in hand: _____

Would a member or members be willing to share their testimony about the trip at an BRBA event or Church: Circle one Yes No

Remarks: _____

Church Approval Date: _____

Signature of Pastor or Church Clerk

Association Approval Date: _____ Amount: \$ _____

Signature of DOM or Missions Committee Chairman