

**ATTACHMENT "A"**  
**Grace Chapel Missionary Support Application**

For consideration of financial support from Grace Chapel Church, the following information must be completed.

Date of Application Submittal: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Title/Role: \_\_\_\_\_

Organization's Name: \_\_\_\_\_

Organization's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number (primary): \_\_\_\_\_

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

Are you a Member of Grace Chapel Church: \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, please indicate the Church of your membership:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Funding Information:**

What is your total need? \_\_\_\_\_

How much are you requesting Grace Chapel Church to consider for support? \_\_\_\_\_

How much of your total need is secured/committed? \_\_\_\_\_

Date you need to receive funds? \_\_\_\_\_

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### Grace Chapel Missionary Support Application

Please prepare a response to each of the statements below. You may do this on a separate sheet. If submitting pre-printed literature/documents, you must align each statement with the corresponding submission. All statements must be addressed.

1. The purpose of the Grace Chapel Missions is to support mission needs locally, nationally and globally that align with the Grace Chapel Church Statement of Faith. Please explain how your Ministry intends to reach and teach from God's word.
  
2. Grace Chapel Missions' focus is Church planting and discipleship. Please explain how your Ministry accomplishes one or both of these goals.
  
3. What results do you hope to accomplish for the time period of this requested support?
  
4. Do you have metrics or milestones that align with your vision? If so, briefly explain or list below.
  
5. If you have been serving within or on the Missions field for more than two years, please highlight your progress in achieving your vision.
  
6. How does your Ministry empower indigenous people?

Applications will be reviewed at the next Grace Chapel Church Missions Committee meeting. The Applicant's Name listed above will receive a written communication from the Committee Chairman once your application is reviewed.

Please return the completed application form to the address below:

Grace Chapel Missions Committee  
2605 Jefferson Davis Highway  
Sanford, NC 27332  
Attn: Missions Committee Chairman  
For Church Office Only:

Date Application is received: \_\_\_\_\_

Date of Review by Missions Committee: \_\_\_\_\_

Date of Letter of Notification: \_\_\_\_\_

(Please attach copy of Letter of Notification to Application for file retention.)

\*\*All applications must be submitted at least 90 days in advance of need.\*\*