**Missionary Financial Support Application**

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact info for the organization (e.g., address, website, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following sections (page 1 & 2)

**About you:**

Please briefly give your salvation testimony.

Please briefly give your testimony of calling into ministry.

Please explain how and why you have chosen your current mission field and ministry.

Please provide a summary of your ministry (mission field, target group(s), goals, mission work, strategy).

Please briefly describe your financial needs for carrying out your ministry work.

**References:**

Please provide the names of two CBCCOC members as references.

**Recommendation letter:**

Please attach a recommendation letter from your organization.

**Southern Baptist Convention (SBC) articles of faith:**

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Please read the attached SBC articles of faith and complete the following section.

I have read the SBC articles of faith (please check): \_\_\_\_\_Yes \_\_\_\_\_No

I agree with the SBC articles of faith (please check): \_\_\_\_\_Yes \_\_\_\_\_No

By signing below, I indicate my commitment to provide a brief update and prayer request related to my ministry to the Mission Committee at CBCCOC at least twice a year.

Your signature