



REQUEST FOR MISSIONARY SUPPORT

Date of Application:

PLEASE PROVIDE THE RELEVANT CONTACT INFORMATION:

Name/contact person:

Organization:

Address:

Title:

City:

Telephone:

State/Zip

Cell phone:

Email:

Website:

Type of Request

If requesting long-term missionary support, please check here (3 years or more)

If requesting short-term missionary support, please check here (2 years or less)

If requesting short-term missionary support, please check here (2 years or less)

Timeline

For long-term missionary, please list the dates covered by this request (month/year to month/year):

For short term missionary, please list the exact dates covered by this request (month/day/year to month/day/year): _____

On a separate page please provide and attach the following information as designated below:

I. Location of Ministry: Briefly describe where the ministry will take place.

II. The Purpose and Need: Please describe the purpose of the ministry and the specific needs that the ministry will meet.

III. Ministry Activity:

1. Please describe how you and/or the ministry will meet the purpose and needs of the ministry.
2. Please describe your background and experience as it pertains specifically to the activities of the ministry.



IV. Please submit the completed request and accompanying documents to:

New Life Christian Center
Attn: Missions Committee
P.O Box 219
St. George UT 84771

V. SUBMITTED BY: (please sign below)

_____	_____	_____
Signature	Date	Account #

Questions can be directed to: Judy Hess phone 435-817-6056 email: hessji@gmail.com

This space for administrative use

Date reviewed:

Action taken and notes: