

Grace Fellowship's

Special Missions Project Request Form

<u>Office Use</u> ___ Pastoral Staff ___ Pastors Counsel
--

Name (*requested by): _____

Name (request for): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Local Church Membership: _____ City: _____ State: _____

If you are not a member of Grace Fellowship is your church helping you financially? _____ Yes _____ No

Description of Mission:

Amount Requesting: _____

If granted, Funds will be used for:

Grace Fellowship may choose to financially help anyone for the cause of Christ. Yet, there are some standards that we have established which give boundaries in the use of discretionary mission funds.

1. *The request must come from an individual actively involved in Grace Fellowship. (The request may be for them personally or for someone they know.)
2. The person being helped must be faithfully involved in his or her local church.
3. The person being helped must be a regular financial contributor to his or her local church.
4. The mission involvement must be theologically/philosophically aligned with Grace Fellowship.