

Board of Missions and Church Extension
APPLICATION FOR FINANCIAL ASSISTANCE

Church _____ Address _____ Date _____
 Phone _____ Email _____ Membership _____
 Church Contact Person _____ Phone _____ Email _____

Description of Project

(Attach any additional sheets if necessary)

Please include your year-end financial statement

Proposed total cost of project \$ _____

List anticipated resources

Funding

	\$ _____
	\$ _____
	\$ _____

Indicate last year's support for

MI Conference Ministry Shares	\$ _____	_____ %
Mission and Ministry	\$ _____	_____ %
Heritage District Ministry Shares	\$ _____	_____ %

Any outstanding loans No ____ Yes ____ (if yes amount and expected pay off) _____

Print Name _____ Print Name _____

Signed _____ Signed _____

Pastor

Administrative Board/Church Council Chairperson

DBOM will notify you of approval or denial of your request for loan, grant, or combination.