CCCI Mission Support Application Form

印城華人教會宣教補助金申請表

Revised on January, 2017

| Name 姓名: | _ Home Church 原屬教會: | | |
|---|----------------------|---------------------------------|--|
| Permanent Address 住址: | | | |
| Phone 電話: | _ Email 電子郵件: | | |
| Contact Address during Mission: | | | |
| Type of Mission: Long-term | Short-term | Others | |
| Please describe your vision for the mission: | | | |
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| What is your mission organization? | | | |
| What is your home church? | | | |
| What is the time period for the mission? _ | | | |
| What is the targeting date of the mission? | | | |
| What type of mission support are you applying | ng? One-time Support | Long Term | |
| Who is your advocate from CCCI? | How long have | How long have you know him/her? | |

| My (Our) Commitment: | I (We), | | (your name), |
|----------------------------|-----------------------------|------------------------------------|---------------------------|
| agree to use the financial | support from CCCI, if a | pproved, to support my mission v | work stated above. If for |
| any reason the mission is | discontinued, I will infor | m CCCI of the situation, and I u | nderstand that CCCI |
| may choose to terminate | my financial support. I al | so agree to send update letters to | CCCI deacon board at |
| least quarterly on the mis | ssion progress, or a missic | on report for short-term mission. | Fail to do that may |
| result in termination of m | y financial support. | | |
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| Signature: | | Date: | |
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| | Deacon Board | Approval Form | |
| Proposed Support Type: | One-time: amo | ount: \$ | |
| Troposed Support Type. | | | |
| | Long-term: amo | ount: \$ per i | nonth starting |
| | | | |
| Proposed By: | | | |
| A | , <u>1</u> |) D ' (1 | |
| Approved: | (second | Rejected: | |