

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:

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? One-time Support _____ Long Term _____

Who is your advocate from CCCI? _____ How long have you know him/her? _____

