



Student Application for Canadians on Mission Offering Grant

Date of Application: _____

Name of Student: _____

Mailing Address: _____
Street

City, Province _____ Postal Code

Email: _____ Home Phone Number: _____ - _____ - _____

Cell Number: _____ - _____ - _____ Office Number: _____ - _____ - _____

Your age: _____ Your School: _____

Name of Your Church/City _____

How long have you been a member at this church? _____

Mission Project you wish to participate in: _____

Dates of Mission Project: _____

Total Cost to you: \$ _____ Amount of Grant you are requesting: \$ _____

The Purpose of this Project is: _____

Personal Reference

Name: _____ Email: _____

Address: _____ Phone: _____

Please send this completed application to:
Salt Jones, CNBC Send Team / 100 Convention Way / Cochrane, AB, T4C 2G2
FAX: 403-932-4937 or EMAIL: sjones@cnbc.ca and econe@cnbc.ca