



Ministers Experiencing Missions: Canadians on Mission Offering Grant Application

Date of Application: _____

A. Name of Minister and Spouse: _____

Mailing Address: _____
Street

City, Province _____ Postal Code _____

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

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

B. Church Name: _____

Church Address: _____
Street

City, Province _____ Postal Code _____

How long have you served here? _____ What is your ministry position? _____

Is this the first application from your church for "Ministers Experiencing Mission"? Yes: No:

Are you in agreement with the CNBC mission? Yes: No:

Percentage of the church's undesignated offerings given to Cooperative Program of the CNBC _____ %

****Please include a letter from your church expressing their support of this missions experience. It is needed to make this application complete.****

C. Name of IMB missionary you will support: _____

Location: _____

Dates of Trip: _____

Give a brief description of the kind of work you will be doing: _____

Total cost to you: \$ _____ Amount your church will contribute: \$ _____

Completed form and church letter should be sent to:
Salt Jones, CNBC Send Team / 100 Convention Way / Cochrane, AB T4C 2G2
By FAX: 403-932-4937 or EMAIL: sjones@cnbc.ca AND econe@cnbc.ca