


## **Missions Support Application**

This application is the initial step in the process used to identify, review, and evaluate potential funding and support for missionaries, missions, organizations and special projects to be considered by Christ Church. Funding and support are determined annually, based on availability and approval by the Missions Committee Leadership Team.

**Christ Church UM Mission Coordinator - Name/Email/Phone:**

<b>Missionary Name:</b>			<b>Organization Name:</b>		
<b>Address:</b>			<b>Address:</b>		
<b>City:</b>	<b>ST:</b>	<b>Zip:</b>	<b>City:</b>	<b>ST:</b>	<b>Zip:</b>
<b>Telephone:</b>			<b>Contact Person:</b>		
<b>E-mail:</b>			<b>Telephone:</b>		
<b>Check one:</b> <input type="checkbox"/> Preparing for 1 <sup>st</sup> term <input type="checkbox"/> Currently on field (since ____/____) <input type="checkbox"/> Between terms _____ and _____ (Double click any of the checkboxes and select "checked")			<b>E-mail &amp; Website:</b>		
<b>Fill in your missions organization data in the box to the right</b> 			<b>Is this organization a member of the Evangelical Council for Financial Accountability?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Mission Focus: (Please write a brief summary of the primary focus of your mission or project) :</b>					
<b>Where (Country, Region and/or City) is your mission located?</b>					
<b>Who are the people groups and/or population segments being reached by your mission?</b>					

**YOU MAY ATTACH ADDITIONAL HELPFUL INFORMATION**

<b>What are the primary strategies employed in your ministry? Check category and write a 1- or 2-sentence description of how the strategy is implemented. Provide additional explanation if needed.</b>	
Church Planting..... <input type="checkbox"/>	<b>Describe Other:</b>
Church Strengthening..... <input type="checkbox"/>	
Community Development.. <input type="checkbox"/>	
Discipleship..... <input type="checkbox"/>	
Evangelism..... <input type="checkbox"/>	
Humanitarian Aid ..... <input type="checkbox"/>	
Leadership Development .. <input type="checkbox"/>	
Medical ..... <input type="checkbox"/>	
Other (Describe right)..... <input type="checkbox"/>	
<b>What impact/outcome have you seen (or do you hope to see) from your mission? (How do you measure fruitfulness/effectiveness?)</b>	
<b>What are the financial needs of your mission or project?</b>	
Total Needed \$	per month/quarter/year (circle one)
Balance Needed\$	per month/quarter/year (circle one)
Total Needed \$	one time gift
Balance Needed \$	one time gift
Total Needed \$	Other:
Balance Needed \$	Other (please describe):
<b>Other than prayer and financial support, what are 2 or 3 practical ways our church members can assist or support your mission?</b>	
<b>Is there a possibility of Church Teams assisting your mission? Yes <input type="checkbox"/> No <input type="checkbox"/></b> <b>If "Yes," what might our church members do on a short-term mission trip?</b>	

Signed:

Date:

Please submit to your Mission Coordinator or Marc Donaldson by email or mail at:  
Christ Church United Methodist, 6363 Research Forest Drive, The Woodlands, TX 77381  
Email – [mdonaldson@cc-um.org](mailto:mdonaldson@cc-um.org), Phone – 936-273-2030 x7243, Fax – 888-705-6595