FELLOWSHIP REFORMED CHURCH

Mission Support Application

| PERSONAL INFORMATION: | |
|--|-----------------|
| Name: | |
| Address: | |
| Phone: | |
| Email(s): | |
| Do you have a personal connection with Fellowship? | If so, explain: |
| | |
| | |
| | |
| What is your church membership affiliation? | |
| Briefly share your testimony (3-4 paragraphs): | |

SPIRITUAL BACKGROUND: Do you believe the Word to be infallible and inherent? What does your relationship with Jesus look like (2-3 paragraphs)? Please explain your call into ministry (3-4 paragraphs): **MINISTRY IDENTIFICATION:** What organization do you represent? How long have you served with this ministry? Describe the ministry and its purposes and goals:

What are your specific roles within the ministry?

| How do you share and model the Gospel within your ministry? |
|--|
| PARTNERSHIPS: |
| How can Fellowship's partnership assist you in sharing the Gospel? |
| What is your current annual budget? |
| What is the breakdown of your expenditures? |
| What are you seeking from Fellowship at this time? |
| SENSITIVE INFORMATION: |
| Is there information sensitivities we need to consider? Example: placement of ministry – full name via the FRC web page or internet? |

ADDITIONAL COMMENTS:

SUBMISSION:

Please send completed form to:

Pastor Brent Beckett bbeckett@frchudsonville.org