

ASH AVENUE BAPTIST CHURCH

**CHURCH 2 CHURCH CONNECTION TEAM
APPLICATION FOR FUNDS**

1. **CHURCH NAME:** _____
2. **STREET ADDRESS:** _____
3. **MAILING ADDRESS:** _____
4. **CITY, STATE, ZIP:** _____
5. **COUNTRY, POSTAL CODE:** _____
6. **CHURCH PHONE #:** _____ **CHURCH E-MAIL:** _____
7. **PASTOR/STAFF NAME:** _____
8. **CONTACT PHONE #:** _____ **CONTACT E-MAIL:** _____
9. **LAY LEADER NAME:** _____
10. **CONTACT PHONE #:** _____ **CONTACT E-MAIL:** _____
11. **DENOMINATIONAL AFFILIATION:** _____
12. **PLEASE GIVE A BRIEF DOCTRINAL STATEMENT ON YOUR CHURCH'S VIEWS ON GOD (FATHER, SON AND HOLY SPIRIT):**

13. **PLEASE GIVE A BRIEF DOCTRINAL STATEMENT ON YOUR CHURCH'S VIEWS ON SALVATION:**

14. **AVERAGE WORSHIP ATTENDANCE IN PAST YEAR: (If multiple services, please give average to only main worship service):** _____
15. **TOTAL RECEIPTS OF CHURCH IN PAST YEAR:** _____

16. WHICH CATEGORY BEST DESCRIBES YOUR FINANCIAL NEED?

Emergency Needs

(Includes but not limited to)

- *church struggling with bills
- *pastor salary supplement
- *disaster/destruction
- *one-time urgent needs

Start-ups

(Includes but not limited to)

- *new church plants
- *mission churches

Grants-Special Requests

(Includes but not limited to)

- *financially-challenged church
- *wanting to start new ministry

(If this is an emergency need complete question 17, then skip to signature line.)

17. DO YOU FORESEE OTHER FINANCIAL NEEDS WITHIN THE NEXT SIX (6) MONTHS?

___ YES ___ NO IF YES, PLEASE STATE: _____

18. PLEASE DESCRIBE HOW A FINANCIAL GRANT WOULD BE USED BY YOUR CHURCH:

19. WOULD A PARTNERSHIP COVENANT WITH ASH AVENUE BAPTIST CHURCH BE CONSIDERED BY YOUR CHURCH TO ASSIST WITH LONG-TERM MINISTRY NEEDS?

___ YES ___ NO IF YES, PLEASE GIVE YOUR VISION FOR A MUTUAL PARTNERSHIP COVENANT:

20. OUTREACH MINISTRIES/MISSIONS UNABLE TO CURRENTLY FUND:

Applicant signature

Date

Applicant signature

Date