

**The Village Presbyterian Church
Missions Department
Application for Support - Individual**

1. General Information:

A. Name:

Birthdate:

B. Marital status:

Spouse's name:

Spouse's birthdate:

C. Names children:

Boy/Girl

Birthdate

- 1.
- 2.
- 3.
- 4.
- 5.

D. Present address:

Telephone number:

Mobile phone:

E-mail address:

E. Permanent contact in USA (specify their relationship to you):

F. Education:

School

Program

Year of Completion

- 1.
- 2.
- 3.
- 4.

G. Work experience:

H. What is your present health condition?

Current treatments:

current medication:

I. Name and address of mission organization:

J. Relationship with The Village Presbyterian Church:

- * current member of TVPC
- * associate member of TVPC
- * former member of TVPC
- * date joined:
- * attended since:
- * friend of TVPC Who is your primary TVPC contact?

K. Expected service:

2. References (please include their name, address, phone number, and e-mail address):

Your pastor:

A professor:

Christian professional:

A former employer:

Other:

3. Christian Experience and Service:

A. How did you become a believer?

B. People, events, churches, etc. instrumental in your Christian growth...

C. Where are you a church member? What is your involvement in its church life?

D. Personal practice in prayer and Bible study..

E. Your experience in Christian work:

F. How have you expressed compassion for the lost this past year?

G. How will this missionary experience build your family? Change it? What difficulties do you foresee?

H. What is your personal understanding of discipleship.

I. How would you help a young Christian to grow in his/her faith?

J. Describe the leadership positions in which you have been involved:

K. "The mark of a true missionary is humility—the willingness to be a servant." Please comment on this statement:

L. What books have you read over the past twelve months?

4. Missionary Purpose:

A. What is the main goal of your missionary service?

B. What strategies have you planned to reach this goal?

C. Why do you feel led to this ministry?

D. Type of service planned (check all that apply):

Church planting ____ Administration ____
Evangelism ____ Communications (radio, TV) ____
Education ____ Social ministry (literacy, famine, relief) ____
Medical ____ Support (office staff) ____

E. Service area..

In the USA:

Other (please indicate):

5. Financial information:

A. What is your projected total monthly support requirement?

Does this sum include:

Social security ____ Retirement ____
Income tax ____ Furlough/travel ____
Health insurance ____ Mission overhead ____
Life insurance ____ Savings ____

B. Please list special, additional expenses above the monthly support goal, such as travel, equipment, supplies, etc.:

C. What is the total monthly support already raised?

D. Geographical support base:

IL ____ Midwest ____ East ____ South ____ West ____

E. Other possible sources of support and projected amounts:

6. Are you able to meet the following requirements?

A. Personally correspond at least semi-annually, in addition to newsletters? ____ Yes ____ No;
comments:

B. Visit during regular furlough, being able to work at the church for at least one week (including serving in Sunday school, Sunday services, prayer meetings, etc.)? ____ Yes ____ No; comments: