

Grant Request Application Form for Humanitarian Aid

Grant Applications may take up to 2 months or more to process

Please use extra sheets when necessary while completing this form.

Humanitarian needs include but are not limited to elder care, assistance to retired pastors, orphanages, and nursing homes. These are only general guidelines. Falling within these areas does not guarantee funding, as it takes action by the Grant Committee and the Board of Directors to make the final decision.

Our goal for humanitarian outreach is to minister the Love of God and ensure that we are good stewards of the gifts God has given us.

1. Contact information of the Christian church or sponsoring Christian organization.

Contact Name _____

Address of Organization _____ Phone _____

_____ Fax _____

_____ e-mail _____

2. Personal information of the individual(s) requesting assistance.

First Name _____ Last Name _____

Address _____ Phone _____

_____ Fax _____

_____ e-mail _____

3. Provide the names, addresses and phone numbers of two non-family character references for the individual(s) requesting assistance. These references will be contacted by our Grant Committee.

(1) Name _____ Phone _____

Address _____ E-mail _____

(2) Name _____ Phone _____

Address _____ E-mail _____

4. State the amount and time frame for which you are requesting the grant.

5. Is there financial management counseling for individual(s) in need of assistance? Money management counseling is highly recommended during the grant process to help ensure continued financial stability, as this is a one-time award.

6. A full disclosure of financial status is necessary for evaluation. Please have the individual(s) requesting assistance, answer the questions on page 2 of this document.

Questions to be answered by the individual(s) requesting assistance. (Attach a separate sheet if necessary.)

1. What is your total monthly income (include all types of income)?

2. What financial assistance are you receiving from other sources?

3. Are you eligible or applying for Social Security disability?

4. Are you eligible for State Aid, Food Stamps Medicare or Medicaid?

5. Do you have a repayment schedule with your creditors? If not, make arrangements with your creditors and notify us of the changes.

6. Do you have medical insurance?

7. Provide a list of your total monthly expenses?

8. Provide a list of your total indebtedness?

9. Are you employable? If not, describe your situation. If so, what is the reason for not having employment?

10. Do you have children to care for? How many?

7. Sign and date here to indicate that you accept the responsibility of providing a detailed expenditure report of the grant monies that you receive. These are needed to meet all the state and federal legal requirements.

Signature(s) _____ (Individual) Date _____

Signature(s) _____ (Organization Contact) Date _____

8. Indicate your acceptance of our Mission and Vision Statement and Doctrinal Statement of Faith.

_____ yes _____ no

Mission and Vision Statement

To enable and inspire others to bring the love of God through Christ to all people. This is part of the commission that Jesus left for the church as recorded in Mark 16:15, 1 John 3:16-17 and Matthew 28: 18-20.

Doctrinal Statement of Faith

- a. We uphold the Apostle’s Creed as a faithful statement of the Christian doctrine.
- b. We hold that the Holy Bible is the inerrant Word of God and is the standard to which all oracles of faith and conduct are to be in subjection.
- c. We promote the ministry of the Gospel in the authority and power of that in which the Lord empowered the church as shown in John 20:21-23. “Then said Jesus to them again, Peace be unto you: as my Father hath sent me, even so send I you. And when he had said this, he breathed on them, and saith unto them, Receive ye the Holy Ghost: Whosoever sins ye remit, they are remitted unto them; and whosoever sins ye retain, they are retained.”

A full explanation of the Mission and Vision Statement and Doctrinal Statement of Faith is available at <http://www.themastersmission.org/missionvision.htm>

This request for a grant should be signed, dated, and mailed to the address below.

The Master’s Mission, Inc.	Email: administrator@themastersmission.org
Pastor Rodney A. Johnson, Administrator	Phone: 906-337-1021
PO Box 603 Laurium, MI 49913	Fax: 906-337-1789

Individual Name(s) _____ (please print)

_____ (please print)

Date _____ (please print)

Signature(s) _____

Organization Contact Name _____ (please print)

Date _____ (please print)

Signature(s) _____

After we receive your grant application a member of our Grant Committee may contact you to discuss this application to secure additional information as needed. We seek to act upon grant applications promptly. You will be notified whether or not it has been approved. All grants will be subject to periodic review and approval by The Master’s Mission, Inc.