

Grant Request Application Form

Please use extra sheets when necessary while completing this form.

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

1. The foundation will support the following categories and areas of ministry. Please indicate the type of ministry for which you are seeking this grant.

- ___ Domestic Ministry: Includes the needs of North American congregations, church planting, support for pastoral training, camps and youth ministries, seminary, and seminars.
- ___ Foreign Missions: Russia, India, Africa, Asia, the America's and elsewhere.
- ___ Humanitarian Needs: such as elder care, assistance to retired pastors, orphanages, nursing homes and other.
- ___ Outreach Activities: prisons, street missions, publications, rehabilitation, and other.

2. Personal Information

First Name _____ Last Name _____

Address _____ Phone _____

_____ Fax _____

_____ e-mail _____

3. Name, Address and Pastor or Contact name of the Christian church or Non-profit organization that will be receiving the funds on your behalf.

4. Provide the names and addresses of two non-family character references. Include the telephone number of each of these references and be sure that you have contacted them to notify that someone from our grants committee may be calling.

(1) Name _____ Phone _____

Address _____

(2) Name _____ Phone _____

Address _____

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

6. Inform us about your plans. Are you seeking funds to start a new ministry? What are your plans and objectives of the new ministry? Who will benefit from this ministry? What is the timeframe during which you would be seeking support? Continue answer on separate sheet.

7. Are you seeking funds to enhance an ongoing ministry? Please summarize for us the full details of this ministry. When was it started? What activities are you conducting? How is the gospel message brought to others through this ministry? Additionally, indicate whether any personal or material help is being given. Supply information how this ministry has been effective in bringing the love of God through Christ to others. Explain what you will do with the funds if granted and specify how this will enhance and enlarge this ministry. Continue answer on separate sheet.

8. 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) _____ Date _____

9. 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

Name(s) _____ (please print)
_____ (please print)

Signature(s) _____
_____ Date _____

After we receive your grant application a member of our Grants Committee may Contact you to discuss your 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, if funding is available. All grants will be subject to periodic review and approval by The Master's Mission.