

# Michigan Mission Center – Disciple Development Fund 2017 Congregation Funding Assistance Application

Name: \_\_\_\_\_

Congregation: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

I am requesting \$ \_\_\_\_\_ .

Please explain your funding request below. *Indicate the nature & date of the training/event, if you are a first-time attendee, what expenses you are asking to be reimbursed for.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that I am an adult active in Community of Christ and have financial need for assistance.

Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Pastor’s Name: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
I have reviewed this application and verify that the applicant qualifies for assistance.

Pastor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Mail completed applications to:*  
Michigan Mission Center  
Attn: Disciple Development Fund  
1514 W Miller Rd  
Lansing, MI 48911  
-or-

E-Mail scanned copies to: [elehea@gmail.com](mailto:elehea@gmail.com)