

KIRBY WOODS BAPTIST CHURCH
6325 Poplar Avenue, Memphis, TN 38119
(901) 682-2220 FAX: (901) 682-1747 E-mail: Missions@kwbc.org

REQUEST FOR FUNDS FOR STARTING A NEW MISSION OR A NEW CHURCH
(To Be Submitted to the Mission Office – Append Additional Sheets as Necessary)

PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Address: _____
Passport Number: _____ Expiration Date: _____
Home Phone: _____ Work Phone: _____
FAX: _____ E-mail: _____
Educational Background: _____

Vocational Background: _____

Name of Spouse: _____ Date of Birth: _____
Names and Dates of Birth of Children: _____

IDENTITY OF THE MISSION OR NEW CHURCH

Name of the Mission/Church: _____
Address: _____

Telephone: _____
FAX: _____ E-mail: _____

SPONSORSHIP OF THE MISSION

Sponsoring Church: _____
Address: _____

Telephone: _____
FAX: _____ E-mail: _____
Pastor: _____ Home/Cell Phones: _____
Association: _____
Address: _____
FAX: _____ E-mail: _____
State Convention: _____
Address: _____
FAX: _____ E-mail: _____

FUNDS WHICH ARE REQUESTED

Amount of One-Time Funds: _____
Date the Funds are Needed: _____
Amount of Monthly Funds Requested: _____
Date the Monthly Funds are to Begin: _____
Date the Monthly Funds are to End: _____
Cumulative Amount of Monthly Funds Requested: _____
Total Amount of One-Time Funds and Monthly Funds: _____

SPECIFIC PURPOSE FOR WHICH FUNDS ARE NEEDED

Please describe the purpose for which the funds are needed and attach a copy of the church's doctrinal statement

SIGNED: _____ DATE: _____

Missions Committee Use Only

Original Request Received By: _____ Date: _____

- _____ "Personal Testimony of Person Requesting Missions Funds" (Form MC-1(b))
- _____ "Request for Funds for Starting a Mission or a New Church" (Form MC-30)
- _____ Copy of the Church's Doctrinal Statement
- _____ Recent Photograph of Church Planter and Family
- _____ Letter of Personal Reference _____
- _____ Letter of Personal Reference _____
- _____ Letter of Personal Reference _____

Committee Action: _____ Date: _____

Chairman: _____ Minister of Missions: _____

Check Disbursed:
Date: _____ Check # _____ Account #: _____ Amount: _____
Monthly Checks Begin: _____ End: _____ Amount: _____