



Expansive Ministry Fund Application

Emmanuel Bible Church

Name(s): _____ Date of Application: _____

- Years at EBC: _____
- Giftedness appropriate to meeting the need: _____
- Who at EBC will confirm your giftedness: _____
- Ministry activity (proven track record) at EBC: _____

- Ministry in which you will be serving, including a contact person's information:

- Training appropriate for meeting the need: _____

- EBC ministry or congregational member who encouraged you to pursue this opportunity:

- Goal(s) for the trip: _____

- Personal commitment to meet this need: _____
- Dates of the planned ministry: _____
- Desired routing of funds: _____
- Date funds are needed: _____
- Please attach an itemized budget for the trip.