



HARVEST

Christian Fellowship

P.O. Box 14 • Plum Coulee, MB • R0G1R0
hcfplumcoulee@gmail.com

Mission Support Application

Applicant Information:

Name: _____

Address: _____

Email: _____ Phone: _____

Mission Organization/Camp/Bible College Information:

Name: _____ Website: _____

Address: _____

Email: _____ Phone: _____

If International is there a Canadian office? YES/NO

If YES- provide mailing info below

Funding Information:

Who should the cheques be made out to? Be precise!

What address should the funds be sent to?

Will any funds be withheld by the organization for their use? YES/NO

If YES- How much and for what purpose?

Your Time There:

Complete the following on the back side of the paper

CAMP

- Include your age & how many years you have previously worked at camp
- List the weeks you will be working at camp & and what your duties are for each week

BIBLE SCHOOL

- List the start and end dates of your school
- Briefly describe the types of courses you will be taking
- Briefly describe why you have chosen this school

MISSION

- Describe the Mission and attach a copy of their statement of faith
- _What would your role be there
- Start/Leaving date & End/Returning date

Approved: YES _____
NO _____

Amount: _____ Monthly / Quarterly / Semi Annually / Annually
Reason: _____

Date:

cc: MSO chair
Church File
Church Treasurer