

Serving Christ and His people by specializing in mission promotion, recruitment, field training, service, and travel

IDEA Ministries Offices:

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Web: www.ideaministries.org

Name of Applicant _____
(Name as it appears in passport)

Mailing Address _____

_____ Email _____

Phone: (day) _____ (evening) _____

OFFICE USE: Date Received _____ Date Accepted _____

FORM 3
STATEMENT OF CHURCH APPOINTMENT for IDEA Ministries Program Applicant

PROGRAM NAME: _____ PROGRAM DATES: _____

APPLICATION DEADLINE: _____ FULL PAYMENT DEADLINE: _____

(See www.ideaministries.org to complete these items)

A. To be completed by the applicant (Items 1-3)

1. Name of Church/Ministry/Fellowship: _____

Full Mailing Address: _____

Name of Pastor or Contact Person for this Application: _____

Full Mailing Address (if different than above): _____

Day telephone: (_____) _____ Evening telephone: (_____) _____

Email of Pastor or Contact Person for this Application: _____

2. Request for Church Appointment and Prayer Sponsorship

As an applicant for the ministry option named above, I request the church to appoint and send me for study and work in the role of a learner, worker, and/or missionary trainee. I also request the prayers of the congregation because they are essential to my efforts. I promise to keep the church informed concerning my experience. Please remember me in congregational and personal prayer that God may confirm to me "the place He has in mind for me in the mission of His church."

Signature of Applicant: _____ Date: _____

Note: If form is returned electronically, identity will be verified by telephone in place of signature.

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3. Request for Financial Sponsorship/Assistance (applicant complete either "a" or "b")

a. _____ I *do not* request financial assistance/sponsorship by the church.

b. _____ I *request* financial assistance/sponsorship by the church as shown in column 2 (below):

	Column 1 (applicant)	Column 2 (applicant)	Column 3 (For Church Use Only)
	Full Cost for this ministry option	Amount Requested	to Show Support Approved
Program Cost (registration, tuition, books)			
Airfare Cost (round trip)			
Totals			

B. To be completed by the Church Council

Please indicate clearly what decision is made regarding items 4 and 5 below:

4. We *do appoint* the applicant as a participant in the ministry option indicated above in Item 2, and promise the prayers of the congregation for him/her/them.

a. yes b. no

5. We will provide financial assistance/sponsorship for the applicant in the amount **shown in Item 3, Column 3**, above.

a. yes b. no

6. Name of Church Representative (if different than "A. 1"): _____

Email (if available) _____

Day Telephone (____)_____ Evening Telephone (____)_____

Signature Confirming Church Council action:

Note: If form is returned electronically, identity will be verified by telephone in place of signature. Be certain to furnish correct telephone contact information, please.

Work Smart: Email and fax communications are preferred, if you have access to them.

Urgent: *Immediately* complete this Form and **return it directly to IDEA Ministries**. All forms are due by application deadline (see front of Form).

Learn more about the program in which the applicant is interested, and check out other Ministry Options by visiting us at www.ideaministries.org