

# 2018-2019 Application for Missionary of Church of the Apostles

*Attachments welcome for any of the following items*

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

Name of Ministry: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a member of Church of the Apostles and actively involved in the life of the church? (Community Group, Sunday School, Ministry team, etc.)

Provide mission statement for your ministry.

Please include statistics indicating number of people served and people becoming followers of Christ

Please describe your intended or current role in this ministry.

How can Church of the Apostles build a stronger relationship with you and your ministry?

What is the amount of financial support you are requesting from COTA annually?

What are your total financial support needs, annually?

How much financial support do you still need to reach your full budget?

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**APPLICATION DEADLINE: FRIDAY, MARCH 23, 2018**

*“Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength. The second is this: ‘Love your neighbor as yourself’. There is no commandment greater than these.” Mark 12:30-31*