



Missions Committee
 New Life Presbyterian Church
 467 North Easton
 Glenside, PA 19038
 215-576-0892
www.newlifeglenside.com

Long Term Mission Support Request

(Please note that only members of New Life Church will be considered for long term mission support.)

Personal Information

| | | | |
|------------------|--------------------|----------------|--|
| First Name | | Phone day | |
| Last Name | | Phone Evening | |
| Address | | Email | |
| | | Citizenship | |
| City, State, Zip | | Age | |
| Title | Dr / Mr / Mrs / Ms | Marital Status | |

Family Information

| Name | Age | Relationship | Citizenship |
|--|-----|--------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Does your family agree with your missionary plans? | | | |

Mission Agency/Organization

| | | | |
|------------------|--|-------------|--|
| Contact | | Phone | |
| Agency | | Fax | |
| Address | | Email | |
| | | Web | |
| City, State, Zip | | Your status | |

Secondary Mission Agency/Organization

| | | | |
|---------|--|-------|--|
| Contact | | Phone | |
|---------|--|-------|--|

| | | | |
|------------------|--|-------------|--|
| Agency | | Fax | |
| Address | | Email | |
| | | Web | |
| City, State, Zip | | Your status | |

Team Information

| Name | Age | Relationship/Title |
|------|-----|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Church

| | | | |
|--|--|----------------------------|--|
| Pastors Name | | Phone | |
| Church | | Email | |
| Address | | Web | |
| | | Denomination / affiliation | |
| City, State, Zip | | Membership & how long? | |
| Do your Pastor and Missions Committee agree with you missionary plans? | | | |

Background Information

| | |
|---|--|
| Please give an account of how and when you became a Christian | |
| Please list current church & ministry involvement | |
| Please list spiritual gifts | |

| | |
|------------------------------------|--|
| Please list education and training | |
| Please list employment experience | |

Mission Assignment

| | |
|--|--|
| Please describe how you were called to this mission assignment | |
| Please list location of the mission assignment and objectives | |
| Please list your responsibilities on the field | |
| Please list any prior field experience and length of term | |
| How long is the term of your assignment? | |
| When do you plan to arrive on the field? | |
| What support level do you need to raise? | |
| What start up costs do you need to raise? | |

References

| Name | Relationship/Title | Phone |
|------|--------------------|-------|
| | | |
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