



Kortright Presbyterian Church
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Mission Project Funding Request (MP01)

Project/Candidate: _____

Address: _____

Country or Geographic Area: _____

Email: _____

Associated Mission or Church Organization: _____

Address: (or attach literature) _____

Brief Description of Mission Work: _____

Kortright Advocate (may attach letter of reference): _____

Funding Suggested (Non-mandatory): _____

Timeframe of work: _____

Cheque Payable to (if known at time of application): _____

Advocate Signature: _____ Date: _____

If application is accepted: Cheque Required: Reimbursement:

** Office Use Only **

Amount Issued _____ Date: _____

Seasonal: Emergency Response: Miscellaneous:

MP01 Revision No.1 (05/24/04)

"Jesus' Kingdom Made Real - Every Person, Every Nation"

The information gathered is for evaluation purposes only
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