

Rx Senders PRN

As needed: God supplies

Individual Application for Support

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Instructions: Please complete the following questions as completely as possible with specific information. If needed additional sheets may be attached. Failure to provide detailed information could delay the processing of your application.

Part I: About Yourself

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Name of Organization (if applicable): _____

How did you hear about Senders PRN? _____

How long have you been a follower of Jesus Christ? _____

Have you read carefully the statement of faith of Senders PRN? **Yes No**

Do you agree wholeheartedly with this statement of faith, without any reservations or compromise of your own beliefs or doctrine? **Yes No**

(Please note: Answering No to this question will not automatically disqualify you for funding.)

If not, please explain any differences or disagreement:

Part II: About Your Ministry

Please describe briefly your current activities as they relate to the furtherance of the gospel of Jesus Christ.

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How long have you been performing these activities? _____
How many hours per week do you spend on average on these activities? _____

****Please provide us with a picture of yourself or your ministry and a paragraph about your ministry that can be used at our discretion on our website.**

Part III: About Your Need

Please describe the need for which you are applying for help. Give specific amounts whenever possible.

Is there a timeframe by when this request is needed? _____

Please list the names and contact information of your largest contributors or sending organization.

Please list the names and contact information of people who you have asked to fund this current need/project.

May we contact the above people/organizations? **Yes No**

Part IV: Mandatory Conditions

Are you willing to provide a personal interview or site visit if requested by Senders PRN?
Yes No

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Within two months of receipt of funds will you provide a written report to Senders PRN detailing how the support you received was used? **Yes No**

Do you agree to return any unused funds or assets should your need change after receipt of the support from Senders PRN? **Yes No**

I hereby certify that all the above information is correct and provided in good faith.

Signature of applicant

Date

FOR SENDERS PRN USE ONLY

R_x

Tax-exempt purpose: _____

Approved? Yes No

Check # _____ Amount: _____ Frequency: _____