

**Application to the Church Council
For Distribution from the
Missions Endowment Fund (“Day Missions Fund”)**

Email Completed forms to cchapman@fbcraleigh.org or print and deliver to the church office

Applicant: _____

Name of Qualified Recipient: _____

Date of Request: _____

Amount of Request: _____

Date Funds Needed: _____

Purpose/Need for Funds: _____

Strategies for Encouraging Reflection before and after the Work: _____

Ways to Share Accomplishments and Reflections with the Church: _____

Signature of Applicant: _____

Council Use

Request Approved or Denied (circle one)

Date of Decision: _____

Amount of Distribution: _____

Date of Distribution: _____

Signed: _____, chairperson of Church Council