



First Evangelical Church Association  
羅省基督教會聯會

Tel: (323) 727-7077  
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2617 W. Beverly Blvd.,  
Montebello, CA 90640, USA

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**APPLICATION FOR INCREASING MISSION FUNDING**

Please type or print clearly

This application serves to assist the FECA Missions Committee in evaluating your request for an increase in mission funding. No other purpose is implied.

**1. PERSONAL INFORMATION**

Date \_\_\_\_\_

Name: \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Title: Rev. Dr. Mr. Mrs. Ms. Miss

Address (Current): \_\_\_\_\_

Address (Permanent): \_\_\_\_\_

Tel. #: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Pager / Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**2. MISSION FIELD**

A) Commitment: Career Short-term (less than three years)

B) Field of service: \_\_\_\_\_

Address (if available): \_\_\_\_\_

C) Nature of service/Job Description (as detailed as possible): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D) Mission Agency: \_\_\_\_\_

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

**3. FINANCIAL NEEDS**

A) Annual financial needs: \$ \_\_\_\_\_

B) Amount raised so far: \$ \_\_\_\_\_

C) Current support from FECA: \$ \_\_\_\_\_

D) Support increase requested: \$ \_\_\_\_\_

E) Reason for requesting support increase:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F) Please fill out the income and expense form on pages 3 and 4.

***If this is a one-time support request, you do not need to fill out pages 3 and 4. Instead, please give a brief breakdown of your expense items.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that I have personally filled out this form and that the information is complete and accurate to the best of any knowledge.**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return the application to:

Chairperson of Association Mission Committee  
First Evangelical Church Association  
2617 W. Beverly Blvd.,  
Montebello, CA 90640, USA

**INCOME AND EXPENSE FORM**

Applicant: \_\_\_\_\_ Period from \_\_\_\_\_ to \_\_\_\_\_

**ANNUAL INCOME**

1. Please list all your current sources of funding:

Source (church/organization/individual)	Address	Amount
TOTAL ESTIMATED AMOUNT OF FUND RAISED		

2. Financial Status

Savings Account: \$ \_\_\_\_\_

Checking Account: \$ \_\_\_\_\_

Other Financial Assets: \$ \_\_\_\_\_

**ANNUAL LIVING EXPENSES**

Category	Estimated Cost	Office Use
TOTAL ESTIMATED LIVING EXPENSES		

**ANNUAL MINISTRY EXPENSES**

Category	Estimated Cost	Office Use
TOTAL ESTIMATED MINISTRY EXPENSES		
<b>TOTAL ESTIMATED LIVING &amp; MINISTRY EXPENSES</b>		

Reviewed and verified by: \_\_\_\_\_

Signature

\_\_\_\_\_  
Name

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**\* Please give explanation to any unusual or exceptional expenses listed above (use a separate sheet if needed):**