



First Evangelical Church Association
羅省基督教會聯會

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2617 W. Beverly Blvd.,
Montebello, CA 90640, USA

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**APPLICATION FOR MISSION FUNDING
(Change of Mission Field Status)**

Please type or print clearly. Be as detailed as possible,
attaching additional sheets of paper to this application if necessary.

This application serves to assist the FECA Mission Committee in evaluating
whether to continue your support because of your change in mission field status.

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) Ministry Goals: _____

E) Accountability Structure/Supervision: _____

F) Mission Agency: _____

Address: _____

(Please enclose with this application any printed matter/publication of this mission agency which will help us understand its ministries.)

G) Reasons for change of mission status:

H) Effective date of change of mission status:

3. FINANCIAL NEEDS

A) Annual financial needs: \$_____

B) Amount raised so far: \$_____/month

C) Current support from FECA: \$_____/month

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

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

Category	Estimated Cost	Office Use
TOTAL ESTIMATED LIVING EXPENSES		

ANNUAL MINISTRY EXPENSES

Category	Estimated Cost	Office Use
TOTAL ESTIMATED MINISTRY EXPENSES		
TOTAL ESTIMATED LIVING & MINISTRY EXPENSES		

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):**