



# APPLICATION FOR SPECIAL PROJECT SUPPORT

**For Department Use Only:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Approved: [ ] Y [ ] N Amount: \_\_\_\_\_

Reason if Denied: \_\_\_\_\_

Director: \_\_\_\_\_

## YOUR INFORMATION

Pastor's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Church Established: \_\_\_\_\_ Current Number of Attendees: \_\_\_\_\_

Total baptized in the name of Jesus Christ: \_\_\_\_\_ Total filled with the Holy Ghost: \_\_\_\_\_

Are you cooperating with the financial policies of your District and the ACJCI? [ ] Yes [ ] No

## INFORMATION ABOUT YOUR CURRENT NEED

In detail, please explain your special project:

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Total estimated cost: \$ \_\_\_\_\_ Estimated time to completion: \_\_\_\_\_

## SIGNATURES

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

District Home Missions Director: \_\_\_\_\_ Date: \_\_\_\_\_

District Elder: \_\_\_\_\_ Date: \_\_\_\_\_

National Home Missions Director: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS TO APPLICANT

### GENERAL INFORMATION

**Special Project Support** is financial, material, and service allocations to qualified home missionary endeavors assisting with a special project such as:

1. Building projects, remodeling, and related projects.
2. Church supplies, sound equipment, church furniture (chairs, pulpit, etc.).
3. Outreach materials (tracts, printing, graphic design, etc.)
4. Other needs related to the establishment or maintenance of the work.

A qualified home missionary endeavor for the purpose of this application is:

1. Having a Pastor Licensed and in Good Standing with the Apostolic Church of Jesus Christ International, Inc. for a minimum of one year.
2. A work having not completed five years after being established.
3. Cooperating and maintaining fellowship with your District and District leadership.

Please complete all information as requested in the application.

No application will be processed without the signature of your District Elder.

Please mail the complicated application to:

Elder Jason M. Hood  
National Home Missions Director  
14520 St. Rt. O  
Rolla, Missouri 65401

Or scan and email the application to:

ACJC.Webmaster@gmail.com

Please allow up to 30 days for processing.

### AFTER THE PROJECT

The National Home Missions Department requires a written report detailing the special project. Please include photos of the if at all possible. Please return this report to the National Home Missions Director within 30 days of the receipt of support for this project.

### FAIR USE DISCLOSURE

By completing this application, you consent to the National Home Missions Department sharing this sponsorship and the subsequent report in print, person, and on the internet for the purposes of uplifting fellow-laborers and encouraging support for the Department.

