



APPLICATION FOR ACTS REVIVAL FUNDS

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: _____

REVIVAL INFORMATION

Number of Services Planned During Revival: _____ Proposed Dates: _____

Name(s) of Proposed Evangelist(s) and Their Organizational Affiliation:

If not members of the ACJCI, does your proposed Evangelist align with our Articles of Faith, to the best of your knowledge? [] Yes [] No If no, explain: _____

Would you consider a recommendation of an Evangelist in Good Standing with the ACJCI? [] Yes [] No If no, explain: _____

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

SIGNATURES

Applicant: _____ Date: _____

District Home Missions Director: _____ Date: _____

District Elder: _____ Date: _____

National Home Missions Director: _____ Date: _____

INSTRUCTIONS TO APPLICANT

GENERAL INFORMATION

ACTS Revival Funds are allocations of up to \$600 to qualified home missionary endeavors for the purpose of hosting a revival or series of special services. These funds are primarily to be used to pay the Evangelist and for housing, feeding, etc.

A qualified home missionary endeavor is:

1. Having a Pastor Licensed and in Good Standing with the Apostolic Church of Jesus Christ International, Inc.
2. Established more than one year but having not completed five years.
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 REVIVAL

The National Home Missions Department requires a written report of the results of the revival. Please include photos of the church and services if at all possible. Please return this report to the National Home Missions Director within 30 days of the final service.

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.



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