



**SUPPORT / GRANT APPLICATION**

Check One Box:

- One-Time Mission Trip Grant (complete sections A, B, C, D)
- One-Time Organizational Grant (complete sections A, B, C, E)

**SECTION A – General Information**

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

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SECTION B – Membership Information**

Are you a member of Berkley Hills Community Church  Yes  No

Are you in a small group at Berkley Hills Community Church?  Yes  No

How long have you attended Berkley Hills Community Church? \_\_\_\_\_

What areas have you volunteered or served at within Berkley Hills Community Church?

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*We believe supporting God's work starts at your home church where you can be observed, trained, and sent. We feel you should have service experience within the church before requesting support to be sent elsewhere.*

**SECTION C – Organizational Information**

Information about the Organization:

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Website: \_\_\_\_\_

How are you involved with the Organization? (On staff, volunteer, etc.): \_\_\_\_\_

\_\_\_\_\_

Who should checks be made out to? \_\_\_\_\_

Address to mail check: \_\_\_\_\_

Special instructions: \_\_\_\_\_

**SECTION D – Mission Trip Information**

What are the dates of your mission trip: \_\_\_\_\_

What is the total cost of your trip: \_\_\_\_\_

What will you be doing on this trip: \_\_\_\_\_

What do you hope to accomplish: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who is leading the trip and what are their qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*NOTE: Approved grant funds are sent directly to the ministry. Checks are made out to the organization receiving the grant.*

**SECTION E – Item/Project Information**

Explain specific purpose for the grant (what is being purchased or why do the project): \_\_\_\_\_

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What is the cost of the item or project: \_\_\_\_\_

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When will the item purchased or project be completed: \_\_\_\_\_

What will happen if the item isn't purchased or project isn't done: \_\_\_\_\_

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*NOTE: Attach any additional information you believe will help us evaluate this item/project  
Attach an explanation of how you measure your effectiveness of the past year.*

***Mail completed form to:***

***Berkley Hills | Mission Committee | 1670 Ball Ave NE | Grand Rapids, MI 49505***

***Or***

***Fax to: 616.364.9506***

***PLEASE ALLOW 1 MONTH FOR REVIEW***