

GUIDELINES FOR APPLICATION FOR PARTNERSHIP SUPPORT – COMMITTEE FOR MISSION

CITY _____ CONGREGATION _____ SYNOD _____

ADDRESS _____ PC _____

NAME OF PASTOR _____ TELEPHONE _____

DATE OF APPLICATION _____ E-MAIL _____

CHAIRPERSON _____

ADDRESS _____ TELEPHONE _____

TREASURER _____

ADDRESS _____ TELEPHONE _____

In the last year this is
Net Gain or Net Loss

Membership December 31, 2005

Baptized _____
Confirmed _____
Communing _____

Estimated Future Partnership Support Need: \$ _____ per month or
\$ _____ total for year

Estimated Future Partnership Support Need:
2006 \$ _____ 2008 \$ _____
2007 \$ _____

Project Year of Self Support: _____

RESOLUTION OF THE CONGREGATIONAL COUNCIL

The Church Council of _____ Lutheran Church of _____ hereby makes application to the Committee for Mission of the Manitoba/Northwestern Ontario Synod of the Evangelical Lutheran Church in Canada for Partnership Support in the amount of \$ _____.

Total to be paid in monthly payments of \$ _____ during the year of _____.

Further, this application shall be presented to an official meeting of the congregation to be ratified as an integral part of the budget of the congregation for the year of 2006.

Date _____ Name of Congregation _____

Signed by _____