

**NCM EVANGELISM/SKILL
DEVELOPMENT GRANT APPLICATION**

**Please fill out the application in full.
Be as specific as possible in answering questions.**

New Church Pastor requesting funds: _____

New Church Project name/address: _____

What year was the New Church Project started? _____

Amount of grant requested (up to \$800 - maximum not guaranteed) _____

Did you attend NCP training? Yes No

If so, what year? _____

**Please include the six attachments specified in the Program Grant Guidelines.
Use the checklist provided.** Review of incomplete applications will be delayed.

Signatures required:

Regional/Area Minister _____ Date _____

New Church Pastor (NCP)
_____ Date _____

Sponsoring Body Executive (where applicable)
_____ Date _____

National Hispanic Pastor (where applicable)
_____ Date _____

American Asian Executive Pastor (where applicable)
_____ Date _____

PLEASE RETURN TO: NCM, PO Box 7030, INDIANAPOLIS, IN 46207-7030