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**EMF Training Fund
Application Form**

Please complete the form and submit to the Mission Director at steven.bowers@europeanmission.org. The form is best completed using Microsoft Word.

## Section 1: Student Details

|  |  |  |
| --- | --- | --- |
| First Name(s)**Enter First Names**  |  | Surname**Enter Surname** |
|  |  |  |
| **Home address****Address Line 1**  |  | Nationality**Enter Nationality** |
|  |  |  |
| **Address Line 2** |  | email**Enter email address** |
|  |  |  |
| **City** |  | Contact Phone**Enter Home phone** |
|  |  |  |
| **Country** |  | **Enter Mobile** **phone** |
|  |  |  |
| **Postcode** |  |  |
|  |  |  |
| Skills & Academic qualifications**Enter summary of skills andqualifications including languages** |
|  |  |  |
| Summary of experience in Christian work**Enter summary of experience of Christian work including within home church** |

## Section 2: Proposed Course of study

|  |
| --- |
| Type of course proposed**Enter type and length of course** |
|  |  |  |
| Specific College, Seminary or School **If you have a preferred training establishment, please state** |

## Section 3: Area of Mission envisaged

In this section explores the area of missionary activity to which the candidate feels called. Depending on the circumstances, this may be detailed and specific, with the type of work and even the Destination Church identified; or it could be general in nature with details still to be worked through. The Destination Church refers to the church which would be overseeing and acting as the base for the missionary activity.

|  |  |  |
| --- | --- | --- |
| Proposed European region of work**Enter proposed region (and people if expatriate)**  |  | Type of Mission work**Enter Type of work (e.g. Church planting, Youth work)** |
|  |  |  |
| Proposed Destination Church (if known) i.e. the church which would act as the base for the mission activity**Enter name and location of destination church**  |  | Contact point with Destination church If you are happy for EMF to contact the Destination church, please give contact details:Contact NameEnter Contact name |
| Contact with Destination church Please tick if there has been discussion with the Destination church regarding the proposed mission activity | [ ]  |  | Contact emailEnter Contact email |
| Please tick if you are happy for EMF to contact the Destination church | [ ]  |  | Contact PhoneEnter Contact phone (inc. country code) |
|  |  |  |
| Describe the proposed area of mission work and why you feel called to this workPlease describe as fully as you can the work you feel called to engage in, and for which the training would be intended |

## Section 4: Other sources of support

This section explores any other sources of financial support being sought, other than from EMF and the students home church. It is understood that these may be speculative or firmly committed, but we would request details of any other sources of funding being applied for.

|  |
| --- |
| Describe the any other sources of financial support to which the student has or intends to apply, the likely amount and the status of the applicationPlease describe any other sources of financial support, the likely amount of support and the status of the application |

## Signature of applicant

|  |
| --- |
| Signature of applicant Date |

## Section 5: Support of home church

This section should be completed by a Pastor, Minister or Elder of the home church which is supporting the candidate. **Please also attach a letter of recommendation.** In this section Home Church refers to the church to which the candidate belongs (which may in some cases be the same as the Destination Church)

|  |  |  |
| --- | --- | --- |
| Name of Home church**Name and location of home church**  |  | Representative of Home ChurchNameEnter name |
|  |  |  |
| Level of financial support from home churchPlease indicate the level of financial support committed by the home church towards the candidate’s training for each year of the training.  |  | Role within churchEnter role in church |
| **Enter level of support committed** |  | EmailEnter email |
| Please state in £ or as a % of total costs (including training, accommodation and living costs). |  | Contact PhoneEnter phone (inc. country code) |
|  |  |  |
| Signature of home church representative Date |

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