Christian Pharmacist Fellowship International

Missions Committee

APPLICATION

Please note that an acceptance of rejection of this application is not an endorsement or rejection of any denomination, person, or race. **Applicants must be CPFI members and must subscribe to the CPFI Doctrinal Statement.** Funding is granted solely in accordance to the funding guidelines set forth by CPFI. The CPFI Committee on International Outreach will review and approve all funding requests. Normally it will take about one month to approve or reject a request. Typically, the maximum amount that can be funded out of our tithe account is $500 per request. Requests must be made in U.S. dollars. Generally, individuals will only be awarded one grant per year. This document can be printed and filled out by hand, or completed electronically (you will only be able to type in the shaded boxes). Disbursements will not be made to individuals, only to the sending agency.

Types of requests that might be made include (but are not limited to):

* Assist missionary pharmacists/families with travel.
* Assist pharmacists desiring mission experience (travel).
* Assist student travel to the mission field.
* Provide mission pharmacists with drug information resources (acquisition and freight).
* Provide Bibles, testaments, tracts, Sunday School materials, etc. for missionary pharmacists.
* Provide essential equipment to missionary pharmacists.
* Partial payment for emergency medical care for missionary pharmacists and/or family not covered by their supporting agency.

The grantee is required to submit a report to the Committee on International Outreach about how the funds were utilized and the ministry that was accomplished in the project,

### Personal Data

Name       Date

Address

E-mail Address

Birth date       Sex [ ]  M [ ]  F Marital Status

If you have children, list fullname and date of birth of each:

Church Affiliation (denomination):       Church Home:

Current Church Address : Length of time at this church:

 (Street) (City) (State) (Zip) (Phone)

List your involvement in this church:

### Support Request

Project Title:

Sponsoring Organization (Mission Board or group):

 (Street) (City) (State) (Zip)

Project Dates (Start and stop or length of term)       Date Support begins

Total estimated cost of the project: $      Amount requested in this funding application: $

Total funding received to date for the project: $      [**If approved funds will be sent to this address**.]

**\*\*\* Please attach a budget and a brief statement about how requested funds will be used. \*\*\***

Is your sponsoring organization a member of any of the following: (see note at the end of page 3)

|  |  |
| --- | --- |
| [ ]  Evangelical Council for Financial Accountability | [ ]  Interdenominational Foreign Missions Association |
| [ ]  Evangelical Foreign Missions Association | [ ]  Other:       |

### Intended Ministry

Geographical location (country, province or state, city or town)

People (name of ethnic group and approximate population)

Predominant religion

Percentage of nominal Christians       of Evangelicals       (if known)

Responsiveness to the Gospel (check one)

 [ ]  very receptive [ ]  positive [ ]  indifferent [ ]  negative [ ]  hostile

What active steps have you taken to acquaint yourself with the area, culture, and people to which you will be going?

Type of personal outreach ministry: (Please check the type(s) of personal outreach ministry you expect be involved with.)

|  |  |
| --- | --- |
| [ ]  evangelism within the ethnic group | [ ]  media (printing, radio , film, etc.) |
| [ ]  evangelism to a cross‑cultural group | [ ]  theological education |
| [ ]  church planting | [ ]  equipping the national church leaders |
| [ ]  discipleship training | [ ]  Other:       |

Type of medical outreach:

|  |  |
| --- | --- |
| [ ]  Primary care outreach, urban setting. | [ ]  Mission hospital |
| [ ]  Primary care outreach, rural setting. | [ ]  Teaching hospital |
| [ ]  Medical/surgical specialty outreach. | [ ]  Other:       |

### Qualifications

Education (List the schools you have attended vocational, college, graduate, Bible):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| School |  | Course of Study |  | Dates |  | Degree |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |

Explain how this training relates to the ministry to which you are assigned:

What previous missionary experience have you had?

Explain how this experience relates to the ministry to which you are assigned:

What do you believe your spiritual gifts are and how have you been exercising them?

Please ask your sponsoring agency to provide us with their doctrinal statement and ministry history if they are not a member of one of the three organizations listed on page 2.

**Please include your personal testimony of how you became a Christian.**

|  |  |
| --- | --- |
| Please return to: | Missions Committee, CPFIPO Box 1154Bristol, TN 37621-1154 |
| Or e-mail to: | missions@cpfi.org  |