

## NEW APPLICATION FOR MISSION SUPPORT

Financial requests for long term mission support will be reviewed in the 1<sup>st</sup> quarter of each calendar year. To assist in the decision-making process, each applicant must provide the Frisco First Missions Team with a completed application. Recommendation for support will be dependent on the team review and the availability funds. The final recommendation will be determined at the discretion of Frisco First Missions Team. Please complete the following application as applicable to your request.

Applicant full legal name \_\_\_\_\_ Preferred name \_\_\_\_\_

Organization Name \_\_\_\_\_

Current church membership \_\_\_\_\_ When did you become a member \_\_\_\_\_

Address \_\_\_\_\_

If you do not attend Frisco First, how did you hear about this church?

### CONTACT INFORMATION

Mailing address	City
_____	_____
_____	State
_____	Zip
_____	Country
Home Phone	Cell Phone
_____	_____
Email	Twitter
_____	_____
Facebook	LinkedIn
_____	_____
Instagram	Other
_____	_____
Your website	Org Website
_____	_____

### STATEMENT OF NEED: (fill out only what is applicable per your current need)

Check one	Application Type	Amount Requested	Monthly	Annually
<input type="checkbox"/>	Individual Mission Support	_____	_____	_____
<input type="checkbox"/>	Mission Organization Support	_____	_____	_____

**Income Summary:** (estimate in the last 12 months or last annual statement) what percentage of your income was received from the following source types-enter decimals)

% From Individual Donors	_____	% From Corporations	_____
% From Other Organizations/Churches	_____	% From Other Means	_____
% From Foundations:	_____	% From Sending Organization	_____
		Total =	_____

**Expense Summary:** (In the last 12 months (or last annual statement), what percentage of your income was spent in the following areas)

% For Ministry Administration	_____	% Set aside for reserves	_____
% For Program, Related Initiatives	_____	% For Other	_____
% For Partnership/Donor Development	_____	Total =	_____

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*Summarize the need for which you are requesting Frisco First partnership: (include the problem you're addressing and the population of the target area)*

*Primary Goals or Objectives for the Next 36 Months (if you have an organizational strategic plan, please attach a copy to this application) Note we re-evaluate yearly with a maximum support of 3 years.*

*Partnerships: (2-3 other agencies/orgs who support you or will be partnering with you in the future)*

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*What are you currently doing on a day to day basis to accomplish your Mission Statement and goals?*

*How do you evaluate your activities to determine effectiveness?*

*What do you consider “success”?*

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*Describe any special training, curriculum or experience that has prepared you for this mission*

*What are your biggest needs – financial and otherwise?*

*Tell us about the greatest successes you have experienced as an organization this past year and how did it happen?*

*What have been some of your greatest struggles as an organization this past year and why?*

*How do you report to your supporter's activities, revenue and expenditures, successes, and needs – and how frequently?*

*How do you go about raising financial support?*

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*Have you seen life change? Share some stories of how God has used your ministry to bring about change in peoples' lives!*

### FAMILY & PERSONAL INFORMATION

#### MARITAL STATUS (COMPLETE ALL THAT APPLY)

Single  
 Separated Date of separation \_\_\_\_\_  
 Divorced Date of divorce \_\_\_\_\_  
 Widow/er Date of spouses death \_\_\_\_\_  
 Married Date of marriage \_\_\_\_\_  
 Children None  
 Children Yes, name and date of birth of children:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

#### HIGHEST LEVEL OF EDUCATION (CHECK ONLY ONE)

Have not finished high school diploma or GED  
 High School Diploma or GED Date \_\_\_\_\_  
 Some college Date \_\_\_\_\_ # of hours \_\_\_\_\_  
 Technical school degree Date \_\_\_\_\_ Major/Degree \_\_\_\_\_  
 Bachelor's Degree Date \_\_\_\_\_ Major/Degree \_\_\_\_\_  
 Master's Degree Date \_\_\_\_\_ Major/Degree \_\_\_\_\_  
 PhD or professional degree Date \_\_\_\_\_ Major/Degree \_\_\_\_\_

Other Certifications/Credentials:

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### ***CHRISTIAN EXPERIENCE***

*Briefly describe your salvation experience:*

*What is your religious background?*

*Describe how you are currently pursuing God.*

## APPLICATION INSTRUCTIONS & PROCESS

### PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION

1. Completed and signed application
2. Your Vision Statement
3. Your Mission Statement
4. History of your organization
5. Statement of Faith, beliefs or religious convictions of your organization
6. If applicable, certification and verification of nonprofit status
7. A recent mailing, publication or newsletter from you and/or your organization
8. Copies of organization Accreditations and/or Certifications

### ORGANIZATION INTERVIEW

Upon receipt, the application will be reviewed by the Frisco First Mission Team to determine if the request is within the scope of the mission guidelines of Frisco First. Depending on the outcome of the review and available funds, you may be contacted for an interview and/or a site visit. The purpose of this interview is to develop the best understanding of your request and to address any questions that we may have.

### REVIEW AND APPROVAL PROCESS AND TIMETABLE

Frisco First receives many requests for financial support each year. The Frisco First mission team prayerfully reviews each request for financial support. There are many wonderful mission activities taking place locally, nationally and internationally, all engaging in sharing the good news. The selection on ministries to support is not based on a ranking of individual or organization's "worthiness" but rather on the "fit" of the applicant with the current Frisco First mission statement, the operating goals, the program objectives, available funding and the mission focus of Frisco First Church. The Mission Team will prayerfully review all applications and will notify the applicant when a decision has been made by the Mission's team. The Mission Team will make the final recommendation to church leadership.

Submit your completed application and related documents by email to:  
Email: [missions@friscofirst.church](mailto:missions@friscofirst.church)

Signature of person completing the application request

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Print Name

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Signature

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Title

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Date

 frisco first

[www.friscofirst.church](http://www.friscofirst.church)  
7901 Main St, Frisco, TX 75034