



## **WM Missionary Encouragement Fund**

Greetings to you! I pray that the Lord will guide you through all that this trip entails and that He will use this experience to touch many lives – including yours! Please complete your application form and forward to ECCC, PO Box 34025, RPO Fort Richmond, Winnipeg, MB. R3T 5T5. Fax: (204) 269-3584 or [messenger@escape.ca](mailto:messenger@escape.ca)  
A grant is available to assist a Canadian Covenanter to be involved in a missionary project for a term of 6 months or longer.

### **General Information:**

Name \_\_\_\_\_

StreetAddress \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Area \_\_\_\_\_

Code \_\_\_\_\_

E-mail \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Church

Name \_\_\_\_\_

Church

Address \_\_\_\_\_

When did you accept Christ as your personal saviour?

\_\_\_\_\_

### **Final Questions:**

Name of Mission

organization \_\_\_\_\_

Location of intended

field \_\_\_\_\_

Expected dates of mission

project \_\_\_\_\_

Give a brief description of the missionary project and your expected involvement

\_\_\_\_\_

\_\_\_\_\_

**Total amount of funds you require for this project**

---

**How will this grant be used?**

**Additional Requirements:**

1. Please send a one-page letter describing your spiritual journey and explaining why you wish to be part of a team.
2. Please send a letter of recommendation from your pastor.

**All information on this application is accurate to the best of my knowledge.**

**Signature**

**Date**

---