METRO-PLEX AREA INDEPENDENT BAPTIST FELLOWSHIP

Questionnaire for Support Application
(FOR MINISTRIES REQUESTING MONTHLY SUPPORT)

(Page 1) About Me

Name:_____   Date:_____

Address_____ City_____ State_____ Zip_____

Birthdate (mm/dd/yyyy)_____/_____/_____   Place of Birth _____

Contact Phone #_____

1. Any Chronic Illness? Y N   Any Physical Disabilities? Y N   Reasonable Good Health? Y   N

2. Married? Y   N   Ever been divorced or remarried? Y   N

3. Please List names and birthdates of family members (mm/dd/yyyy)

wife:_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
(List additional on back or on right hand side)

4. Highest level of education? _____

5. As a credit Risk how is your credit? _____

6. Any outstanding debts? Y   N   Amount of Debt_____
    Own Car? _____ (amount owed $_____)   Own Home? Y   N (amount owed $_____)

(Page 2) Ministry

NAME:_____

1. Name and address of the church you are currently a member:

Address_____ City_____ State_____ Zip_____

2. Name of Sponsoring Church or Ministry:_____
   Will your Sponsoring Church be supporting you monthly? Y   N   Amount $_____

3. Sponsoring Pastor_____ (Attach a recommendation letter from pastor)

4. City you are called to? _____ State_____   City Population? _____
   Number of Independent Baptist Churches already in that City? _____

5. PLEASE ATTACH THE FOLLOWING (Along with Pastor Recommendation)
      1. A Statement of your Salvation Experience
      2. A Statement of your Christian experience – include any ministries you have been involved in
      3. A Statement of your motive and call to start a local church

6. List all support being received currently

   _____ Amount $_____
   _____ Amount $_____
   _____ Amount $_____
   _____ Amount $_____
   (List any additional on back or right hand side)

7. Will you financially support the MAIBF when able to? Y   N

8. Amount of Monthly Support Requested? _____ How many Months? _____

9. List local, state and national fellowships you are associated with:
_____
_____
_____
_____

10. Provide any other information that may help the committee reach a decision.

Signed _____