

ASSOCIATIONAL SCHOOL OF THEOLOGY REQUEST FORM

*Church making request: _____
 Church address: _____
 CONTACT PERSON: _____ Ph (H): _____
 Email: _____ Ph (C) _____

Student Name _____ Spring Semester _____ Fall Semester _____
 (Year) (Year)
 Class(es): 1) _____ 2) _____
 3) _____

GUIDELINES FOR REQUESTING FUNDS

1. Church requesting funds must be a participating Church. As a member of the association, churches practice healthy participation by having representatives attend the executive board and the annual meeting, contribute financially on a regular basis and complete their annual church profile each year. (NWIBA Constitution Article V, Section 5)
2. Church must be a financial partner before the request will be considered by the Association (Association contributing up to 50% not to exceed \$300.00.)

REQUESTED REVENUE SOURCES :

1.) Church: _____ \$ _____
 2.) SCBI: _____ \$ _____
 3.) Association: _____ \$ _____
 4.) Other: _____ \$ _____

FOR OFFICE USE ONLY:
 Date Check(s) sent: _____
 Check # _____

<i>REQUESTED REVENUE</i>	_____	\$ _____
<i>TOTAL COST (Training/Outreach)</i>	_____	\$ _____
AMOUNT REQUESTED FROM ASSOCIATION	_____	\$ _____

1. What is the purpose or goal of this request? _____

2. How will this request help you accomplish the mission of your church? _____

FOR MINISTRY TEAM USE ONLY

APPROVED? **YES** **NO** Team Leader Signature _____ Date: _____

Amount Approved: \$ _____ How was this form submitted (circle one): Fax: Phone: Email:

Budget Line (circle one): School of Theology Developing Leaders Revitalizing Churches Starting Churches

FOR EXECUTIVE DIRECTOR USE ONLY:

Signature _____ Date _____

Wes Rankin, Executive Director

We will follow up with a phone call 1 week after your scheduled event.

Date: _____ **Follow-up Given by:** _____

6819 E. Lincoln Hwy (US 30)
 Crown Point, IN 46307
 www.NWibaptist.org

**SUBMIT COMPLETED FORM
 TO ASSOCIATION
 FOR CONSIDERATION**

Ph: 219-942-6485
 Fax: 219-942-6557
 Email: nwiba@juno.com