

University Carillon United Methodist Church

1395 Campus View Court, Oviedo 32765 | 407-359-2112

MISSIONARY SUPPORT REQUEST For the 2024 Budget Year

Initial Request Renewal Request

PERSONAL INFORMATION

Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email _____

Are you a member (partner) at UCUMC? YES NO

Describe how are you involved in the life of the church:

MISSIONS ORGANIZATION INFORMATION

What missions organization are you affiliated with? _____

Check all that apply:

- This is a new affiliation for me.
- I have been with this organization for __ years.
- This is a short-term missions commitment.
- I am a career missionary.

Please describe your job (duties/responsibilities) with the organization:

Level of support requested (if known): _____

(If possible, please provide a financial statment from your missions organization which supports your need/request.)

How many churches regularly support you and approximately what percentage of your total support comes from them?

How many individuals regularly support you and approximately what percentage of your total support comes from them?

Is there anything else you want us to know in order to consider your request for support? How can we pray for you?

REFERENCES

Please list the name and contact information for two persons who can attest to your missions direction and aptitude.

Name: _____ Relationship: _____

Ministry/Company: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____

Ministry/Company: _____ Phone: _____

Address: _____

TERMS AND SIGNATURES

Thank you for providing the information requested. Please be aware of the following terms of support:

- If you are accepted as an officially supported missionary by UCUMC, our initial commitment to you will be through December of this calendar year. Thereafter, unless this is a short-term missions assignment, you will receive an annual review with attendant commitment of support January 1 through December 31. The annual review will be based on a questionnaire sent to you which requests, among other items, a review of your personal and ministry goals, progress in achieving those goals and a current financial report.
- Our commitment to you is based on your work at the organization stated on this form. Any change in that affiliation must be communicated with UCUMC well in advance in order for continuing support to be considered.
- We would like to receive a ministry update from you at least quarterly.

By signing below, you indicate that you agree to the terms stated above, and to the UCUMC mission statement.

Applicant's Signature: _____ Date: _____

Spouse's Signature (if applicable): _____ Date: _____

When complete, please submit this form to Pastor Chris Akers.