

Week of Compassion Partner Grant Application (Print Copy)

Congregation (or sponsoring Disciples body): _____

Name, address, e-mail, and phone of trip leader or coordinator:

Place and partner of mission trip:

Date of mission trip:

Number of participants:

Has contact and coordination been made with the Office of Disciples
Volunteering and/or Division of Overseas Ministries? YES NO

Statement of Purpose (a brief paragraph about the nature of the
project and how it is part of the church's wider mission and Week of
Compassion's purpose and priorities:

(Signature of work trip leader)

(Signature of pastor, associate pastor or other congregational leader)