



NORTH ARKANSAS DISTRICT NAZARENE MISSIONS INTERNATIONAL

APPLICATION FOR FINANCIAL ASSISTANCE

NAME _____ AGE _____

ADDRESS _____

STREET

CITY

STATE

ZIP CODE

TELEPHONE _____ EMAIL ADDRESS _____

PARENT/GUARDIAN _____

HOME CHURCH _____

PLEASE CHECK THE MISSIONS MINISTRY INVOLVEMENT FOR REQUEST:

YOUTH IN MISSION EXTREME NAZARENE OTHER _____

ATTACH A DESCRIPTION OF THE PROGRAM AND DOCUMENTATION OF YOUR ACCEPTANCE INTO THE PROGRAM. ALSO, GIVE A BRIEF NARRATIVE OF YOUR INVOLVEMENT IN THE MISSION PROGRAM AT YOUR LOCAL CHURCH AND HOW THIS EXPERIENCE WILL IMPACT YOUR FUTURE.

MAIL THE COMPLETED FORM TO:

JIM LYNCH
1746 N. INDEPENDENCE PL.
FAYETTEVILLE, AR 72704

OR EMAIL THE COMPLETED FORM TO narknmi@hotmail.com



NAZARENE MISSIONS INTERNATIONAL