Application for Financial support from the ALJC

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Name .....

Phone Number for contact.....

Email address.....

** TO BE SUBMITTED TO THE ALJCC HEAD OFFICE AT LEAST 60 DAYS BEFORE NEEDED**********

Reason for the Request of Funds /please check.....

Missions ( ).....Bible School( ).....Other ( )

Date of Request.....Date needed by.....

Name of church that you attend.....

Pastors Name at your church.....

Pastors signature .....
(with attached letter of recommendation)

Total amount of funds needed .....

Amount being supplied by yourself .....

Amount by sponsors ( ) fundraising ( ).....

Amount remaining to be requested from the ALJCC.....

Date today .....Your signature.....

Date of this form: March 9th/2023
Approved by ALJCC Board