

A.G.A.P.E. Missions, Inc. Grant Application

Complete this application and submit with the signed Statement of Faith to:

AGAPE Missions Inc.
206 Palos Verdes Dr.
Troy, AL 36079

Name: _____ Date of Birth: _____ *
Last First

Address: _____ Apt #: _____
Street address

City, State Zip Code Phone: _____

Email Address: _____ Gender: _____ Male _____ Female

Home Church: _____

Address: _____
Street address

City, State Zip Code Phone: _____

Personal References: Please provide the names and contact information for two people who will attest to your character and spiritual beliefs.

Name: _____ Date of Birth: _____
Last First

Address: _____ Apt #: _____
Street address

City, State Zip Code Phone: _____

Email Address: _____ Gender: _____ Male _____ Female

Name: _____ Date of Birth: _____
Last First

Address: _____ Apt #: _____
Street address

City, State Zip Code Phone: _____

Email Address: _____ Gender: _____ Male _____ Female

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Mission Information:

Name of Sponsoring/Organizing Entity: _____

Address: _____ Apt #: _____
Street address

_____ Phone: _____
City, State Zip Code

Email Address: _____ Contact Person: _____

Mission to _____ from _____ to _____
Location *Anticipated dates of mission trip, including travel days*

Purpose of mission trip: _____

Your role on the mission trip: _____

How does the mission trip support the work of A.G.A.P.E. Missions, Inc.? _____

Amount of funding requesting: _____

What is the total cost of the mission trip? _____

What will a grant from A.G.A.P.E. Missions, Inc. pay for in relation to your mission trip? _____

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If direct financial support is not being requested from A.G.A.P.E. Missions, Inc., what type of mission support are you requesting? _____

How does the support you are requesting from A.G.A.P.E. Missions, Inc. support your mission work and the work of A.G.A.P.E. Missions, Inc.?

If your application is approved, you will be required to create an end of mission report. Mission reports can be completed many different ways: written report, video reports, annotated photography collections, etc. What format do you propose your report will take on, and how will your report be a witness to the Word of God and the work you will complete on your mission trip? **

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Terms and conditions:

** I certify that I am at least 18 years of age and competent to sign in my own name **OR**, if I am under 18, that I have downloaded, printed and fully completed the [Permission for International Travel Form](#), and will mail it to A.G.A.P.E. Missions, Inc. as soon as possible. I understand that if I am under 18, my application will not be processed without this completed form.*

I do hereby certify that I am willing, physically and mentally fit, and sufficiently prepared to travel with and participate in a work project funded by A.G.A.P.E. Missions, Inc., whether in the United States or abroad. Trip sponsors have my permission to take me to a doctor for medical treatment, hospitalization, or emergency surgery if the need should arise. Should it be necessary for me to return home prematurely for medical reasons or due to disciplinary action, I will assume total responsibility for any additional costs incurred.

I also understand that there are inherent risks involved in any mission trip, and I hereby release A.G.A.P.E. Missions, Inc., its staff and volunteers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my involvement with any mission trip associated with, or funded by, A.G.A.P.E. Missions, Inc..

****** I acknowledge that all materials created or collected in connection with the creation of my mission report are the sole and complete property of A.G.A.P.E. Missions, Inc. to be used and/or distributed in any manner and fashion that the organization chooses. I hereby waive any intellectual property rights I may have to any such materials.

I have carefully read and agree to abide by the regulations/guidelines and information included in the grant award packet. I understand that my failure to abide by those guidelines forfeits my chance to participate in future grant applications from A.G.A.P.E. Missions, Inc., and may result in early dismissal from any trip at my own expense and my required reimbursement of any monies received.

Applicant's Signature

Date

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