

REV3 APPLICATION



Church Name _____

Applicant Name _____

Address _____

City _____ State/Province _____ Postal Code _____

Best Phone # _____

Best E-mail _____

Name of Church you regularly attend _____

If you are the church Elder/leader, what is the actual # of members in your church? _____

Type of Assistance requested: Individual Small Group Church Renewal Church Planting
Please circle one

Briefly describe the areas of concern (*use additional paper if needed*):

Please complete the next 3 blanks if the local church Elder/Leader is not the same as the applicant.

Name of local church Elder/Leader _____

Best Phone # _____

Best E-mail _____

If this is an individual or small group application, may we contact your local Elder/Leader regarding this application? Yes No

May we share about your involvement with REV3 to promote this initiative to others? Yes No

Signature _____ Date _____