

**APPLICATION FOR TEDDY EVANS MISSION FUND**

For current members in good standing of BHBA Churches

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Application Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Email: \_\_\_\_\_

Location & Date of Mission: \_\_\_\_\_

Description of Mission Project: \_\_\_\_\_

Is your project sponsored by a Southern Baptist Church or Agency? Circle One: Yes or No

Please identify: \_\_\_\_\_

Your responsible amount for this Mission Trip: \$ \_\_\_\_\_

Date grant needs to be in hand: \_\_\_\_\_

Remarks: \_\_\_\_\_

Would you be willing to share your testimony about this trip at a BHBA Event or Church? Circle One: Yes or No

What responsibilities or activities do you have in your church? \_\_\_\_\_

Personal References:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Church Approval** (to be completed by Pastor or Church Clerk of applicant's BHBA church):

Date: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Maximum of \$300 per application and \$5,000 per church per year, subject to funds availability.

If others are to be sent from your church, please gather multiple applications and send in as a group when possible.

Amount granted will be determined by the Missions Development Council on an individual/group basis.

\_\_\_\_\_  
Signature of Church Pastor or Church Clerk

\_\_\_\_\_  
Date

**BHBA approval** in the amount of \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Council Director or D.O.M. upon approval (or email approval attached)

\_\_\_\_\_  
Date