

**Ministries of Christian Discipleship Fund**

American Baptist Churches of Pennsylvania

Grant Request Form

Date: \_\_\_\_\_

Group Submitting Request: \_\_\_\_\_

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

Amount Requested: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Telephone #/E-mail Address: \_\_\_\_\_

.....  
Please **TYPE** ALL Answers. Please forward this request to the Regional Pastor in your corridor

Nature and purpose of the grant request:

Time Frame and Projected Cost:

Other Sources of Funding:

Evidences of long-range, cooperative planning:

Does your church financially support **ABCOPAD's Partners in Ministry Emphasis**? Yes \_\_\_\_ No \_\_\_\_

Has your church submitted their **Cooperative Church Annual Report** for this year? Yes \_\_\_\_ No \_\_\_\_