

# 2024 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: ***Please circle one***

Individual    Small Group    Church Renewal    Church Planting    Para-Church    Mitigation

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 \_\_\_\_\_