

Trinity Outreach Support Commission
Trinity Episcopal Church
11 Church Street
Tariffville, CT 06081
(860) 651-0201
www.trinitytariffville.org

Office Use Only

App Name/Yr _____
Date App Received _____
Date Commission Reviewed _____
\$ Commission Proposed _____
Date Vestry Approved _____
\$ Vestry Approved _____
Date Check Sent _____

Application for Outreach Support Funding

General Information: Renewal Application First Time Application Date: _____

Name of Mission or Organization ("Ministry"): _____

Missionary's Name: _____ **Phone #** _____

Home Address and Email:

Mailing Address- if different:

If Approved make check payable to: _____ Acct # or Memo Field Info: _____

Mail to (name and address): _____

The Ministry: Please attach any additional information, updates, newsletters.

Outreach Activity: _____

Overall Goal of Ministry: _____

Specify the objectives for this year and activities planned to fulfill them:

New Applicants: Give examples of activities and accomplishments in the past two years that show your ability, call, and commitment to the Ministry:

Financial Information:

Total support needed: \$ _____ Amount requested from Trinity _____
When needed: Beginning- mo/yr _____ Ending- mo/yr _____

Principal Advocate Information:

Name: _____ Phone#: _____
Address: _____ Email: _____

What is your relationship to this Ministry?: _____

How long have you been financially supporting this Organization/Ministry: _____

Please summarize your reasons for believing that the Lord would have Trinity support this ministry and how your request fits with the goals of our parish: _____

Signatures:

Principal Advocates and Co-Advocates (All must be members of Trinity Church)

By signing below as a Principal Advocate or Co-Advocate, I agree to report information about the experience, needs, progress, or difficulties of this outreach ministry with the parish at either a worship service or in the Sunday bulletin or monthly newsletter.

Signature of Principal Advocate*

Co-Advocate 1:
Print name*: _____ Phone # _____
Signature: _____ Date _____

Co-Advocate 2:
Print name*: _____ Phone # _____
Signature: _____ Date _____

* Cannot be related to another Advocate

Thank you!