



Christian Pharmacists Fellowship International

Serving Christ and the World Through Pharmacy

Missions Committee

APPLICATION

Please note that an acceptance or rejection of this application is not an endorsement or rejection of any denomination, person, or race. **Applicants must be CPFI members and must subscribe to the CPFI Doctrinal Statement.** Funding is granted solely in accordance to the funding guidelines set forth by CPFI. The CPFI Committee on International Outreach will review and approve all funding requests. Normally it will take about one month to approve or reject a request. Typically, the maximum amount that can be funded out of our tithing account is \$ 1000 per request. Requests must be made in U.S. dollars. Generally, individuals will only be awarded one grant per year. This document can be printed and filled out by hand, or completed electronically (tab between fields or click in the field and type).

After completing all fields click this button to send this form electronically:

Disbursements will not be made to individuals, only to the sending agency.

Types of requests that might be made include (but are not limited to):

- Assist missionary pharmacists/families with travel.
- Assist pharmacists desiring mission experience (travel).
- Assist student travel to the mission field.
- Provide mission pharmacists with drug information resources (acquisition and freight).
- Provide Bibles, testaments, tracts, Sunday School materials, etc. for missionary pharmacists.
- Provide essential equipment to missionary pharmacists.
- Partial payment for emergency medical care for missionary pharmacists and/or family not covered by their supporting agency.

The grantee is required to submit a report to the Committee on International Outreach about how the funds were utilized and the ministry that was accomplished in the project,

Personal Data

Name _____ Date _____

Address _____

E-mail Address _____

Birth date _____ Sex M F Marital Status _____

If you have children, list full name and date of birth of each:

Church Affiliation (denomination): _____ Church Home: _____

Current Church Address : _____ Length of time at this church: _____

(Street) (City) (State) (Zip) (Phone)

List your involvement in this church: _____



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Support Request

Project Title: _____

Sponsoring Organization (Mission Board or group): _____

(Street) (City) (State) (Zip)

Project Dates (Start and stop or length of term) _____ Date Support begins _____

Total estimated cost of the project: \$ _____ Amount requested in this funding application: \$ _____

Total funding received to date for the project: \$ _____ [If approved funds will be sent to this address.]

***** Please attach a budget and a brief statement about how requested funds will be used. *****

Is your sponsoring organization a member of any of the following: (see note at the end of page 3)

- Evangelical Council for Financial Accountability
- Interdenominational Foreign Missions Association
- Evangelical Foreign Missions Association
- Other: _____

Intended Ministry

Geographical location (country, province or state, city or town) _____

People (name of ethnic group and approximate population) _____

Predominant religion _____

Percentage of nominal Christians _____ of Evangelicals _____ (if known)

Responsiveness to the Gospel (check one)

- very receptive
- positive
- indifferent
- negative
- hostile

What active steps have you taken to acquaint yourself with the area, culture, and people to which you will be going? _____

Type of personal outreach ministry: (Please check the type(s) of personal outreach ministry you expect be involved with.)

- evangelism within the ethnic group
- evangelism to a cross-cultural group
- church planting
- discipleship training
- media (printing, radio , film, etc.)
- theological education
- equipping the national church leaders
- Other: _____

Type of medical outreach:

- Primary care outreach, urban setting.
- Primary care outreach, rural setting.
- Medical/surgical specialty outreach.
- Mission hospital
- Teaching hospital
- Other: _____



Qualifications

Education (List the schools you have attended vocational, college, graduate, Bible):

School	Course of Study	Dates	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explain how this training relates to the ministry to which you are assigned: _____

What previous missionary experience have you had? _____

Explain how this experience relates to the ministry to which you are assigned: _____

What do you believe your spiritual gifts are and how have you been exercising them? _____

Please ask your sponsoring agency to provide us with their doctrinal statement and ministry history if they are not a member of one of the three organizations listed on page 2.

Please include your personal testimony of how you became a Christian.

Please return to:

Missions Committee, CPFI

PO Box 1154
Bristol, TN 37621-1154

Or e-mail to:

missions@cpfi.org