SALUDA BAPTIST ASSOCIATION

Application for Monetary Assistance for Church Ministry Project

Application Date: _____

Name of Church Requesting Funds: _____

Name of Project: _____

Date(s) of Project: _____

Description of Project: **(include need, goals to accomplish, how this relates to the churches' ministry)**

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This scholarship is made possible by the faithful support of the churches of the Saluda Baptist Association. While your particular church is spearheading this project, it is a part of the overall ministry of your association, and on behalf of the association of 77 churches, THANK YOU for every effort you are putting forth for Kingdom Growth.

- $250.00 per church is available per year. Please allow 30 days before the actual project for application to be processed.
- I promise to provide the Saluda Baptist Association a written summary about the above mission project. Summaries are to be submitted to the associational office no later than 30 days following the completion of the project.

_____ _____

Pastor's Signature **Date**