 **ASSISTANCE REQUEST**

The Ministry Director along with the Board of Elders of the Church of God in Arkansas (CHOGAR) is responsible for planning, promoting and carrying out the work of evangelism, conservation of existing congregations, and church planting in the state of Arkansas.

Limited financial assistance may be available, but is not limited, for churches, pastors, ministries and church plants affiliated with the Church of God in Arkansas. The assistance is intended to provide support for evangelistic efforts of congregations and ministries, to provide scholarships for pastoral and leadership development for ministers, and to help with church planting endeavors.

Churches, ministries and church plant requests-Complete Sections 1,2 &3

Pastoral scholarship requests-Complete Sections 1 & 4

Decisions will be made within 45 days after application is submitted and received by members of the CHOGAR Board of Elders/Ministry Director.

Please complete the following application and submit to:

*Jim Eustace, Ministry Director*

*3200 Shadow Creek Drive*

*Benton, AR 72019*

[jimeustace@att.net](mailto:jimeustace@att.net)

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| **Section 1: General Information** | | | | | | | | |
| Church  Pastor  Ministry | | | | | | | | |
| **Church/Pastor/Ministry Name** | | |  | | | | | |
| **Address** | |  | | | | | | |
|  | | Street | | | | | | |
|  | |  | | | |  | |  |
|  | | City | | | | St | | Zip |
| **Mailing Address** | |  | | | | | | |
| **(if different )** | | Street | | | | | | |
|  | |  | | | |  | |  |
|  | | City | | | | St | | Zip |
| **Phone** | |  | | | Ext: \_\_\_\_\_\_\_ | | |  |
| **Contact Name** |  | | | **Contact Title** | | |  | |
| **Contact Phone** | |  | | | Ext:\_\_\_\_\_ | | |  |
| **Contact e-mail** | |  | | | | | | |

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| **Section 2: Church Program/Ministry/Church Plant** | | | | | |
| **If this is a new church program, ministry, or church plant, describe your past experience in new start-up programs or projects.** (500 character limit) | | | | | |
|  | | | | | |
| **Year church/ministry founded:** |  | | | | |
|  | |  | | | |
| **What is your church/ministry mission statement?** (500 character limit) | | | | | |
|  | | | | | |
| **How long do you anticipate needing our support?** | | | |  | |
| **What prompted you to contact the CHOGAR Board of Elders?** | | | |  | |
| **Date funds are needed:** | | | |  | |
| **Amount Requested:** |  | | | | |
| **Briefly describe the program, project, or new ministry/church including problem to be addressed, population served, and benefits expected.** (2000 character limit) | | | | | |
|  | | | | | |
| **How many people received your services last year?** | | | | |  |
| **Geographical area to be served:** | | |  | | |
| **How will this project reflect a Christian evangelical component?** (1000 character limit) | | | | | |
|  | | | | | |
| **What outcomes are expected?** Include measurable goals. (1000 character limit) | | | | | |
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| **Section 3: Administration & Financial Information** | | | | | | | |
| **Name of Sr. Pastor/Ministry Leader** | | | |  | | | |
| **Would the ministry continue if the current Pastor/Ministry Leader were no longer with the church/ministry?**  **Yes**   **No** | | | | | | | |
|  | | | | | | | |
| **Have you ever received a financial gift(s) from the CHOGAR Board of Elders?**   **Yes**   **No** | | | | | | | |
|  | If yes, please complete the following: | | | | | | |
| **1 Name of Project** | | |  | | | | |
| **Amount Received** | | |  | | **Date Received** | / / |  |
| **2 Name of Project** | | |  | | | | |
| **Amount Received** | | |  | | **Date Received** | / / |  |
| **How would the requested support from the CHOGAR Board of Elders be utilized?** (500 character limit) | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Are there opportunities for volunteers from other Arkansas CHOG for “hands-on” service in your church/program/ministry?**  **Yes**   **No** | | | | | | | |
|  | |  | | | | | |
|  | | **If yes, how?** | | | | | |
|  | | | | | | | | |
| **What one factor makes your program/church plant unique from other ministries of like purpose? (**500 character limit) | | | | | | | |
|  | | | | | | | |

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| **Section 4: Pastoral Scholarship Information** | | |
| **Name of Conference/Seminar:** | |  |
| **Date and Location:** | |  |
| **What is the goal or purpose of the conference/seminar?** (500 character limit) | | |
|  | | |
| **How will the knowledge/experience assist the pastor in his ministry capacity?** | | |
|  | | |
| **What prompted you to contact the Church Board of Elders?** | | |
|  | | |
| **Date funds are needed:** |  | |
| **Amount Requested:** |  | |

**For official use only**

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|  | |  |  |  |  |
| Date Received |  | | Approved |  |  |
|  | | | Not Approved |  |  |
| Reviewed by |  | |  | | |
|  | | | | | |