



kortright
presbyterian
church

Rooted in Jesus,
Growing as a Community,
Becoming Trusted Neighbours

Long Term Mission Funding Request (LT01)

Project/Candidate: _____

Address: _____

Country or Geographic Area: _____

Email: _____

Associated Mission or Church Organization: _____

Address: (or attach literature) _____

Brief Description of Mission Work: _____

Kortright Advocate (may attach letter of reference): _____

Funding Suggested (Non-mandatory): _____

Timeframe of work: _____

Cheque Payable to (if known at time of application): _____

Advocate Signature: _____ Date: _____

** For Office Use Only **

Approved: Yes No Review Next Year

If No, Reason: _____

Start Date: _____

Re-evaluation Date (Minimum of every three years): _____

Is an LT02 required to complete application? _____

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