



Eastern Synod
of the Evangelical Lutheran Church in Canada

Application for Long Term Partnership Support - 2018
Eastern Synod Mission Committee

Congregation:

Address:

Telephone:

Pastor:

Email:

Chairperson:

Email:

Treasurer:

Email:

Date:

Partnership Support Application in the Amount of:

_____ per month
_____ total for year (2018)

Estimated Future Partnership Support:

2019: _____ 2021: _____
2020: _____ 2022: _____

Projected year of self-support: _____

Resolution of the Congregational Council

The church council of _____ of _____ hereby makes application to the Mission Committee of the Eastern Synod of the Evangelical Lutheran Church in Canada for partnership support in the amount of \$_____.

Date approved at duly called Congregational Council meeting: _____

Signed by: _____
Congregational Council Chairperson

What will the requested funds be spent on?

Expenditure Description	Amount
Total Expenditures	\$

What is your plan and expected timeline to become financially self-sustaining?

Please refer to :

[Eastern Synod Vision for Mission 2016-2018](#)

1. How do you practice spirited discipleship?

2. How do you pursue compassionate justice?

3. How do you strive to be a healthy congregation?

4. How do you build effective partnerships?

Who participated in the completion of this application?

For additional information please contact your Synod Mission Consultant, Bishop Michael Pryse.

**The submission deadline
for applications seeking funding for 2018 is
September 29, 2017.**

Mission Committee
Eastern Synod
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