



Application for Financial Support from the ALJCC

**TO BE SUBMITTED TO THE ALJCC HEAD OFFICE AT LEAST 60 DAYS BEFORE
NEEDED.**

Name:

Phone:

Email:

Reason for the request of funds (please check)

	Missions:	Bible School:	Other:
Date of Request:	Date Needed:		

Name of your Church:

Pastor's Name:

Pastor's Signature:

Total Amount Needed: \$

Amount supplied by yourself: \$

Amount supplied by Sponsors: \$

Amount Requested from ALJCC: \$

Your Signature:

Today's Date:

ALJCC Approved by:

Date:

When you have finished, Scan and email to: Applications@aljcc.ca

OR FAX: 506-268-2707