

CHURCH-IN-A-DAY

DISTRICT ACTION

The above application has been reviewed and was approved by our District Board on (date)_____. We recommend the above applicant to the General Home Missions Division and the Church-In-A-Day program.

Signatures Required

District Superintendent_____ Date _____

District Secretary_____ Date _____

Home Missions Director_____ Date _____

GENERAL HOME MISSIONS BOARD ACTION

The above application has been reviewed and was approved by the Home Missions Administrative Committee on (date)_____.

Signatures Required

General Director of HMD_____ Date _____

General Secretary_____ Date _____