

**Kentucky District Home Missions
Preaching Point Application**

Name of Sponsoring Church: _____

Address: _____

Pastor of Sponsoring Church: _____

Location of desired Preaching Point: _____

Population: _____

Why are you interested in this location?

Are there any Apostolic churches currently in the city of interest? _____ If Yes, please list below:

Church Name	Pastor	Distance from desired location
_____	_____	_____
_____	_____	_____

Have you contacted the pastor(s) in the city of interest? _____
What are their feelings in regard to your effort?

Are there any other ministers that will be involved with you? If Yes, please list below: _____

Name	Ministerial Status
_____	_____
_____	_____

Will you give the Kentucky District Home Missions notice in the event you discontinue this work? _____

Please detail below your plans for this work if approved:

I understand that there will be no financial funds available from the Kentucky District of UPCI. I also understand that the Sponsoring Pastor and church will be fully responsible for the Preaching Point. I am aware and fully understand that if approved, after twelve months from the date of approval, the Sponsoring Pastor and Church must apply for one of the following: Home Mission Status, Daughter Work Status, or approval from the Kentucky District Board for continuation of the Preaching Point.

I further agree to work in harmony with the Kentucky District Board and the Kentucky District Home Missions as outlined under the local government section of the U.P.C.I manual and the Kentucky District Home Missions Policy.

Pastor Signature: _____ Date: _____

Return this application to the Kentucky District Home Missions Director

This application will be reviewed and must be approved according to the Kentucky District Home Missions Policy.

For District Use Only

If no church exists in the city, recommendation must be given by the Home Missions Director with approval from the District Superintendant and Section Presbyter.

If a church does exist in the city, recommendation must be given by the Home Missions Board with approval from the District Board.

This application has been reviewed by the Kentucky District Home Missions Board and Does / Does Not have it's recommendation for the following reason(s):

Home Missions Director: _____

This application has been reviewed by the Kentucky District Board has been Approved / Disapproved

Date: _____

District Superintendant: _____

District Secretary: _____

Presbyter, Section U: _____

Presbyter, Section N: _____

Presbyter, Section I: _____

Presbyter, Section T: _____

Presbyter, Section E: _____

Presbyter, Section D: _____