



## INTERNATIONAL BAPTIST CONVENTION RESIDENCY FUNDS REQUEST FORM

GENERAL INFORMATION			
		<b>Date of Application:</b> (dd.mm.yyyy)	
<b>Church Name:</b>			
<b>Pastor's Name:</b>			
<b>Resident's Name:</b> (if known)			
<b>Resident's Local Supervisor:</b> (if known)			
<b>Start Date :</b> (dd.mm.yyyy)			
COST BREAKDOWN OF RESIDENCY PROGRAM			
<b>Amount Paid by Church:</b>		<b>Amount Covered by Intern:</b>	
<b>Amount Requested from IBC:</b>			
<b>Annual Church Budget:</b>		<b>Average Attendance:</b>	

RESIDENCY DESCRIPTION
Describe your church's planned residency program including length, scope, and costs.
To attach additional pages, click on the paper clip, then here before being prompted for the file.

**CHURCH INFORMATION**

What is your church's vision for the next five years?

Have you and/or your church ever had interns or residents? If yes, describe those experiences. If no, what has kept you from having interns/residents in your ministry or church?

What excites you about having a residency at your church?

What concerns do you have about having a residency at your church?

As with any international church, the chance of your resident's local supervisor leaving mid-residency is real. What will be the plan for continued care and supervision of the resident?

Pastor's Signature\*

Elected Church Official's Signature\*

Title of Church Official

\*Once a signature is added, no changes can be made to the document except a 2nd signature.

Minutes of business meeting showing the approval of the residency program in the church attached.  
To attach additional pages, click on the paper clip, then here before being prompted for the file.