

Covenant Life Church – Global Missions Committee  
**PARTNERSHIP REQUEST FORM**

Requester Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Contact at Covenant Life Church (if any): \_\_\_\_\_

**Briefly Describe Why You Are Requesting Partnership With Covenant Life Church:**


**Please Answer The Following Questions:**

1. Whom does this effort reach? Please discuss nations, people groups, etc.


2. Is this project / partnership affiliated with a local church or denomination? Please explain.


3. What are the doctrinal convictions of the partner / project? Please attach Statement of Faith.


4. What gospel ministry is being accomplished? What types of teaching, outreach, and discipleship exist?


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5. Does this project / partnership involve holistic ministry (e.g. health care, education, social justice, micro-enterprise)? Please describe.

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6. How would you assess the credibility and competence of this project / partnership? Please factor in leadership, financial accountability, communication, and longevity of the program.

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7. What opportunities are available for involvement by Covenant Life Church members?

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8. Is this project / partnership poised for future expansion? Please describe strategies and opportunities for growth and multiplication.

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**Types of Support Requested** (check all that apply)

- ☐ Financial      Amount: \_\_\_\_\_  
☐ Prayer  
☐ Other \_\_\_\_\_

**Please Send Completed Form To:**

- Mailing address: Covenant Life Church, 7501 Muncaster Mill Road, Gaithersburg, MD 20877 Attn: Outreach Department
- Email address: [gregorys@covlife.org](mailto:gregorys@covlife.org)
- Note: You will receive a notification via email when your request has been received. Please allow 3-4 months for the Global Missions Committee to review and respond.