



Ministers' Children's Fellowship

(A department under the Malayalam District Council of the SIAG)

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Application Form for Financial Help from MCF

(Applicable only to children of pastors who are currently ministering or have completed ministry under the Assemblies of God Malayalam District Council)

Basic Detail of Applicant

Full Name : _____ Date of Birth / Age : _____ Gender : _____
(First) (Middle) (Last)

Profession : Student / Professional / Other Phone No : _____ E-mail : _____
(tick ✓ the right one).

Name and Place of Church Presently Attending : _____

Are You a Registered Member of MCF : Yes / No

If No, Attach "Registration Form for MCF Membership" Duly Filled, along with this Application.

About Applicant's Family

Name of Father : _____ Name of Mother : _____

Number of Siblings : ____ Details of Sibling 1. _____

Sibling 2. _____

Sibling 3. _____

Is your Father : Pastoring now / Retired / Resting in Eternity Years of Service in AGMDC : _____ to _____
(tick ✓ the right one) From (Year) To (Year)

If Pastoring now, Place : _____ Section : _____ AGMDC ID Number : _____

Native Church : _____ Monthly Income (a) From Church : _____ (b) From Family/Other : _____

Application for

(Tick ✓ and mention only for one among below sections) A / B / C / D

A. Educational Help

(i) For School Level upto 12th Standard: Student Presently Studying : Standard _____

Name & Place of School : _____

(ii) For Non-professional Course : Course Name : _____

Course Duration : _____ Present Year of Study : _____

Detail of Institution : (a) Name : _____ (b) Address : _____

(c) Pin Code: _____ (d) Phone Number : _____ (e) E-mail : _____

To Attach along with this Application, a Copy of : (a) College ID Card (b) Admission Letter
(tick ✓ after attaching the mentioned documents)

(iii) For Professional Course : Course Name : _____

Course Duration : _____ Present Year of Study : _____

Detail of Institution : (a) Name : _____ (b) Address : _____

(c) Pin Code: _____ (d) Phone Number : _____ (e) E-mail : _____

To Attach along with this Application, a Copy of : (a) College ID Card (b) Admission Letter
(tick ✓ after attaching the mentioned documents)

B. Bible College Student Sponsorship

Course Name : _____ Present Year of Study : _____

Name and Place of College : _____

C. Marriage Help

Date of Engagement : _____ Date of Marriage: _____

Your Details:(a) Date of Water Baptism: _____ (b) Date of Baptism in Holy Spirit: _____

(c) Profession: _____ (d) Years in Profession : _____

(e) A Short Brief about you: _____

Bridegroom's Details: (a) Name: _____ (b) Baptized in Water : Yes / No

(c) Baptized in Holy Spirit: Yes / No (d) Profession: _____

(e) Years in Profession : _____ (f) Name & Place of Church Presently Attending: _____

_____ (g) Pastor's Name & Phone No: _____

(h) A Short Brief : _____

D. Help to Differently Abled (Physical / Autistic)

Copy of (a) Medical Evidence , (b) Unique Disability ID & (c) Disability Certificate
(tick ✓ after attaching the mentioned documents. Attach as many as documents as evidence and proofs)

A Short Brief about You : _____

Place : _____ Date: _____ Name & Signature of Applicant

Disclaimer : The data shall be kept confidential and used for official purposes only.

Recommendation Note

(a) from **Presbyter**, whom Applicant's Father reports to (For Educational Help, Marriage Help and Help to Differently Abled)

OR

(b) from **Principal** of the Bible College (For Bible College Student Sponsorship).

Place : _____ Date: _____

Name & Signature of Bible College Principal

(1) Investigation Notes by Study Committee:

Signatures of Study Committee Members: 1)

2)

3)

4)

5)

6)

7)

Recommendations by Screening Committee:

Signatures of Screening Committee Members: 1)

2)

3)

4)

5)

Final Notes by Executive Committee of MCF and Approval of District Superintendent:

Signatures of Chairman MCF

Signature of District Superintendent