



APPLICATION FORM

“Please fill this form and return to this email”

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PERSONAL INFORMATION

Full name:

DOB

Address

Phone

Email

Marital Status Married Single

If married, spouse name and contact

LOCAL CHURCH DETAILS

Local church

Church Elder's name

Church Elder's contact (phone/email)

MINISTRY MODELS

Select Category:

1. What motivates you to be part of the ministry you've selected?

2. What do you hope to achieve from the experience if you are successful?

3. If you are applying for the World changer or Personal Ministry grant, how do you plan to use this fund?