

**WI DISTRICT NAM  
APPLICATION FOR Y.O.E. FUNDS**

Church Name: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

What is the date(s) of the event/revival desired? \_\_\_\_/\_\_\_\_/\_\_\_\_

How many services do you plan to have during this event? \_\_\_\_\_

Please describe in detail the event for which you are requesting funds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the name of the evangelist you would like to schedule. (Note: The evangelist must be on the current WI NAM approved evangelist list).

Option #1: \_\_\_\_\_

Option #2: \_\_\_\_\_

Please outline the expenses to be covered:

Honorarium*:	\$ _____	Marketing:	\$ _____
Travel:	\$ _____	Outreach Events:	\$ _____
Lodging:	\$ _____	Other:	\$ _____
Meals:	\$ _____		

**TOTAL AMOUNT\*\*** requested from Y.O.E.? \$ \_\_\_\_\_

\*\$500/service, \$1000 minimum for full-time evangelist

\*\* Maximum amount available per event \$2,000

Have you applied for Y.O.E. in the past 12 months?  YES  NO

In the past year, have you received evangelistic support from any other source?  YES  NO

If yes, please explain: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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[THIS SECTION TO BE COMPLETED BY THE WI DIST NAM DIRECTOR/SECRETARY]

Is this NAM pastor current on their monthly reports?  YES  NO

Has this NAM church been active in District offerings?  YES  NO

Amount approved for honorarium: \$ \_\_\_\_\_

Amount approved for other expenses: \$ \_\_\_\_\_

**TOTAL AMOUNT APPROVED:** \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

WI NAM Director / Secretary