

LP2.0 Pilot Grant Application

Applicant Details

Name: _____

Profession: _____

Specialization: _____

Sending Agency: _____

Country of Service: _____

Security Level: _____

Date of Birth: _____

Marital Status: _____

Name of Spouse: _____

Date of Birth: _____

Name of 1st Child: _____

Date of Birth: _____

Name of 2nd Child: _____

Date of Birth: _____

Name of 3rd Child: _____

Date of Birth: _____

Name of 4th Child: _____

Date of Birth: _____

Name of 5th Child: _____

Date of Birth: _____

Name of 6th Child: _____

Date of Birth: _____

Name of 7th Child: _____

Date of Birth: _____

Name of 8th Child: _____

Date of Birth: _____

Global Service and Prioritizing Your Needs

Please provide the date, including the year in which you began serving in global healthcare work?

What date, including the year have you served in the country of your most recent service?

What do you hope to gain or experience from participating in The Longevity Project?

Which Annual Grant are you applying for:

<i>Base Plan</i>		<i>Base Plan</i>		<i>the Enhancements</i>	
<i>New Missionary</i>		<i>Experienced Missionary</i>		<i>*Additional Fee</i>	
Single	_____	Single	_____	*Extended Debrief	_____
Couple	_____	Couple	_____		
Family of 3	_____	Family of 3	_____	<i>The Extras</i>	
Family of 4	_____	Family of 4	_____	MedRefresh I or II	_____
Family of 5	_____	Family of 5	_____	Spiritual Retreat	_____
Family of 6	_____	Family of 6	_____	Sandcastle Weekend	_____
Family of 7	_____	Family of 7	_____	Fly in a Friend or Family	_____

Which services do you anticipate utilizing first with The Longevity Project?

<u>The Plan</u>		<u>The Enhancement</u>	
Counseling	_____	Extended Debrief	_____
TCK Support	_____		
Spiritual Mentor	_____	<u>The Extras</u>	
Christ-Centered Collaboration	_____	MedRefresh I or II	_____
Coach / Mentor	_____	Spiritual Retreat	_____
Annual Stress Assessment	_____	Sandcastle Weekend	_____
Perspectives Course	_____	Fly in a Friend of Family Member	_____

***These more expensive components are available for an additional fee.**

Once completed, please save this file, and return via email to Kim at kim@medsend.org.