

EveryEthne Residency Grant
Application

Name

Address

Email

Phone

Do you believe God is calling you to serve as a lead church planter within 2 years of completing a residency program?

- Yes
- No
- Unsure

Do you meet the qualifications for an elder as described in the New Testament?

- Yes
- No
- Unsure

Does your pastor concur with your answer to the two questions above?

- Yes
- No

- Please provide a letter of recommendation from your pastor
- Please provide reference letters from three other church leaders.

Do you plan on planting a church as:

- As a Team Member of EveryEthne
- A Partner of EveryEthne
- Need more information

Have you read the ABWE doctrinal statement?

Are you in agreement with this statement?

Please specify any areas of disagreement.

Please indicate the anticipated length of your residency program.

_____ months

Please indicate the anticipated number of hours per week you will invest in your residency program.

_____ hours per week (A minimum of 25 hours per week is required.)

Have you completed the full Church Planter Profile Assessment?

- Yes
- No

Please describe why you want to complete a church leadership residency program

If known, please list the name of the HUB church where you will complete your residency.

Church Name: _____

Church Address: _____

Name of Residency Coach: _____

Email: _____ Phone: _____

If you have not located a HUB church, please list the state or region where you would prefer to complete your residency. _____

Tell us more about yourself:

Family

Spouse Name (if married) _____

Children's Names and Ages

Education (list years attended and degrees):

High School:

College:

Graduate:

Church background:

Personal Testimony:

[Click here](#) to read ABWE's Doctrinal Statement.

I have read and agree with ABWE's Doctrinal Statement.

Please email the completed application to info@everyethne.church.