

**SEMINARY COVENANT COMMUNITY**  
**Educational Organization Application for Affiliation**  
**PLEASE PRINT**

Date \_\_\_\_\_

EIN # \_\_\_\_\_

Name of the Applicant for Affiliation \_\_\_\_\_

Bus Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church \_\_\_\_\_ Phone \_\_\_\_\_

Incorporated as Non-Profit date \_\_\_\_\_ State \_\_\_\_\_

If not incorporated in what State will the organization be incorporated in? \_\_\_\_\_

Type of Corporation Non-Profit Educational \_\_\_\_\_ Non-Profit Church \_\_\_\_\_

E- Mail \_\_\_\_\_

Denomination affiliations: \_\_\_\_\_

Other affiliations \_\_\_\_\_

How did you learn about SCC ? \_\_\_\_\_

Why do you desire to join this fellowship?

Mission of Organization:

Purpose of Organization:

Persons forming organization Name and Address Phone


Background of need \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief Business Plan Statement (a complete business plan may be required)

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\_\_\_\_\_

Call to Ministry

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Demonstration of Financial Solvency

Current Bank \_\_\_\_\_ Checking ☐ Savings ☐

Endowments \_\_\_\_\_

Annual Budget \_\_\_\_\_ Current Indebtedness \_\_\_\_\_ Value of Assets \_\_\_\_\_

Attach copy of your most recent 990 or 990ez.

I certify the above information to be true and complete to the best of my ability.

Signed \_\_\_\_\_ Date \_\_\_\_\_