

## **Application for Missions Trip Support**

### **Current Information**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status \_\_\_\_\_

Grace Church Member Yes \_\_\_\_\_ No \_\_\_\_\_

Current and/or past participant in what Grace Church Ministry \_\_\_\_\_

\_\_\_\_\_

Leader of above ministry \_\_\_\_\_

School Attending and Year \_\_\_\_\_

School's Address \_\_\_\_\_

### **Missions Trip Plans**

Organization sponsoring the trip? \_\_\_\_\_

Where to? \_\_\_\_\_

When? \_\_\_\_\_

How long? \_\_\_\_\_

Travel plans? \_\_\_\_\_

\_\_\_\_\_

Why are you going? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What will you be doing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total cost? \_\_\_\_\_

Have you raised any funds? \_\_\_\_\_

Are you willing to give a brief report upon return? \_\_\_\_\_

### **Grace Church Support**

Members Only

Age 16 or older

Sponsored by Church approved organization

Approved by deacons

Voluntary designated offering(s)

Prayer support

**Ideally this form should be submitted to the pastor and deacons for consideration three months before funds are needed for approval and scheduling on the church calendar.**

**We request that applicants refrain from sending fundraising letters to individuals attending Grace Church. Upon the deacons' approval, the church family will be given details of planned trips and an offering will be taken. We look forward to supporting you in this special ministry.**