

Application for Financial Assistance for a Mission Trip

This form is to request financial help in raising funds for a short-term mission trip. It should be completed and submitted to the church office two months prior to your trip (or as soon as possible) to allow the committee time for review.

I. GENERAL INFORMATION

Application Date _____

Your Name _____

Address _____ ST _____ Zip _____

Phone _____ Email _____

Mission Trip to _____

For Official Use

Approved \$ _____

Not approved

II. MISSION TRIP EXPENSE REQUEST

Total anticipated cost of trip: \$ _____

Trip dates _____

Funds needed by what date _____

III. GOALS AND PURPOSE

1. Is this your first mission trip? _____ If no, how many? _____

2. What goals do you hope to accomplish by participating in this trip _____

3. If this is not a FUMC project, please provide the name of the organization that you or this project is affiliated with, along with a contact name and phone number.

Organization _____

Contact person _____ Phone number _____

IV. PREPARATION

1. Are you a member of FUMC? _____

2. Do you regularly attend Worship at FUMC? _____

3. Are you currently active in a small group and/or Sunday School class? _____

If yes, which class/group? _____

4. How have you been actively involved in the life of FUMC? _____

V. COMMITMENT

1. Upon return from your trip, would you be willing to share your experiences with First Church in a large group or worship setting? _____

2. Is there any other information that we should take into consideration while reviewing this request?

V. THE BOTTOM LINE

1. How much of the total cost have you raised or plan on raising? _____

2. How much of the total cost would you like the Mission Committee of First United Methodist to provide?

3. If financial support is approved, to whom is the check made payable to?

What address is it to be sent to? _____

