

Individual Assistance-Mission Trip Application

Please Remember:

Requests are not automatically funded for any amount.

Funding is not available for individual team members when the team has received funds from the missions committee

Requests must be submitted 60 days prior to mission departure date.

Application must be completed and signed before being considered by Missions Committee

All requests will be considered

Name _____ Team/Team Leader _____

Today's Date _____

Address _____ E-mail address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Night Time Phone _____

Cell Phone _____

Where is your church membership? _____

How are you affiliated with Harrisburg Baptist Church? _____

Place of Mission Trip _____

Are you going with a church? _____ (Church Name)

Or as an individual _____ (Name)

When are you going? _____

How much do you anticipate the total cost of the mission trip to be? _____

Why do you believe that God desires you to go on this mission trip?

Describe the nature of this mission trip: (Evangelism, construction, dental, or other)

Any other special needs _____

Who is the primary contact person at the destination of your mission trip and with what organization are they affiliated?

Name _____

Organization/Church _____

Contact Phone Number _____

I understand that any financial support I receive for this mission trip must be used solely for this mission trip. Should we not go on the mission trip I will refund the money to Harrisburg Baptist Church. I commit to conduct myself in a manner that will bring honor to Christ and my church family. I understand this money comes from the Lord and is given to me through the financial support of Harrisburg Baptist Church. Individual request: \$_____ (Dollar) amount.

Signature

Date

I give my full support to the above applicant going on this mission trip. I will lead our church to be in prayer for the applicant. The above applicant is a faithful, active member of Harrisburg Baptist church.

Mission Committee Chairman or Staff Member

Date

To be completed by the Missions Committee of Harrisburg Baptist Church.

Date and time application received: _____

Application denied. State reason

Application approved. Amount \$ _____

Check # _____ (Note check will be made out to applicant)

Date Mailed _____ (Enclose copy of application)

Missions Committee Chairman

Financial Secretary