

# Individual Assistance-Mission Trip Application

## Please Remember:

- Requests are not automatically funded for any amount.
- Funding is not available from the missions committee for individual team members when the team has received funds for the individual's cost of the trip.
- 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 # \_\_\_\_\_

(No check will be made out to the applicant, but is paid to the sponsoring church or organization.)

Date Mailed \_\_\_\_\_ (Enclose copy of application)

\_\_\_\_\_  
Missions Committee Chairman

\_\_\_\_\_  
Financial Secretary