

First Baptist Church, Plainview

Group/Individual Mission Support Request for Short-Term Missionaries

(Effective April 2015)

(Incomplete applications will be returned to applicant for completion)

Legal Name: _____ Date: _____

Address: _____

City: _____ State _____ Zip _____

Age: _____ Occupation: _____

Phone #: (____) _____ Cell #: (____) _____ E-Mail: _____

Date(s) of trip: _____

Mission Destination: (if applicable) _____

Method of Transportation: _____

Sponsoring Organization: _____

FBC Staff or member Letter of Recommendation attached? _____

Description (Purpose) of mission activity: _____

Total cost of travel, room and board, visa and insurance: \$ _____

Amount you have raised to date: \$ _____ Amount of Mission Funds requested: \$ _____

Need response by date: _____

Method employed to raise additional funds:

____ Support letters ____ Family support ____ Fund raising projects ____ Personal savings

No applicant shall be given more than \$2000 in a budget year, unless approved by a vote of the congregation during a church business meeting.

Name of Organization & Address where funds should be sent:

Name: _____

Address: _____

City _____ State _____ Zip _____

Have you applied for money from the Mission Committee, First Baptist Church, before? _____

If YES, when? _____

Upon receipt of funds, and after completion of your mission trip, would you be willing to provide a written or visual summary of the mission experience for the Mission Committee? _____

Applicant's FBC Information:

Affiliation with FBC Plainview (check all that apply):

Member of FBC Plainview

Baptized

Not a member of FBC, Plainview

Member of another church; Name & Location _____

Watch Care Member of FBC Plainview

Sunday School class Member of FBC Plainview

How long? _____ Other: _____

FBC Program affiliations: _____

Individuals requesting funds for mission trips or activities should attach a letter explaining individual mission goals and their specific need for assistance. Other supporting information concerning the Mission project is also helpful (such as how you are raising funds and the potential for other funding sources, brochures, pamphlets, etc.)

FBC Member recommendations:

Name(s): _____

A letter of recommendation from a current FBC member, **not of the applicant's family**, is required. Other letters of recommendation can also be submitted for support of a request.

Every application for a Missions grant must be submitted through the FBC minister who serves that individual age group, i.e., adults, university, youth, music, etc., to ensure that it does not conflict with another planned mission event on the calendar.

Has this event been approved by our Pastor and cleared on the church calendar?

Yes No

If yes, who gave the approval: _____

If you are going with an FBC group, has your leader cleared the date with the Pastor and church calendar? Yes No

Contact person for the trip: Name _____ Phone # _____

Complete if under 18 years of age:

Parent's/Legal Guardian's Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # _____ Work # _____

Cell phone # _____ E-mail address: _____

Emergency contact name: _____ Relation: _____

Address: _____ City _____ State _____ Zip _____

Phone # _____ Work # _____

Cell phone # _____

My Personal Testimony

First Baptist Church Short-Term Missions Preparation

Name: _____

Please write a paragraph that answers the following questions:

What was your life like before you met Jesus Christ?
(What were your needs? How did you become interested in God? etc.)

How did you come to know Jesus Christ as your Savior?
(Who were you with? When did this happen? What did you say to God?)

What is your life like with Christ now?
(What need does Jesus meet? How is your faith different? How is your faith growing?)