



Fellowship Bible Church

Touching Lives With Scripture

Short Term Missions Trip APPLICATION

Revised 5/2024

*This application **MUST** be completed to be considered for this trip.*

FULL NAME, (As it appears or WILL appear on your passport)

Last _____ First _____

Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Age _____ Date of Birth _____ Passport Number _____

Ministry Location

Please name the ministry or missionary you will be serving: _____

Total trip cost \$ _____ Dates of Trip FROM ___/___/___ TO ___/___/___

How are you planning on raising your needed support?

Cost Summary

Estimated Costs

Flight(s) \$ _____

Other transportation \$ _____

Passport/Visa \$ _____

Immunizations \$ _____

Food \$ _____

Lodging \$ _____

Ministry expenses \$ _____

Estimated Cost TOTAL \$ _____

Funding

Promised to date \$ _____

Raised to date \$ _____

Personal saving/sacrifice \$ _____

Other (specify below) \$ _____

Funding TOTAL \$ _____

Other trip requests in this calendar year \$ _____

Amount requested in this application (Up to \$500) \$ _____

Share what you expect to be doing on the field.

Why do you desire to work on this project?

Please list the ministries in which you are involved (or have been involved) and previous mission trips in which you have participated (include info from other churches).

Emergency Contact Name _____

Relationship _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____ **Business Phone** _____

Email Address _____

****Please attach two non-family personal reference letters.**

If accepted for this mission project, I will participate voluntarily. I will submit to team leadership and will maintain a cooperative spirit in all activities. To the best of my ability, I will participate in training and evaluation sessions.

APPLICANT'S SIGNATURE _____ **DATE** _____

OFFICE USE

_____ **Missions Committee Recommendation**

Date _____