



Mission Trip Assistance Application

Lynwood Baptist Church has established a process and a budget for financial assistance for short-term mission trips. All assistance applications must be submitted for consideration to the LBC Missions Committee.

Application Information

1. The purpose for Mission Trip Assistance is to help and encourage members of Lynwood Baptist Church to participate in short-term mission trips and projects.
2. All funding is contingent upon the availability of designated funds in the Lynwood Projects Temporarily Restricted line. Assistance will pay up to \$500.00 per trip. (Subject to exception by the approval of the Missions Committee, Mission Pastor, & Senior Pastor).
3. Applicants may request mission trip assistance once per calendar year.
4. Applicants must complete the Mission Trip Assistance Application prior to any consideration.
5. Within two weeks following the Mission Trip, applicant must submit to the LBC Missions Committee a written testimony of the trip, how the trip impacted the lives of the people encountered and how the trip impacted his or her life.

Policy

1. This assistance will be awarded as part of the **final** payment toward the trip.
2. This assistance cannot be received as cash or given directly to an individual. Payment must be paid to the sponsoring organization on your behalf.
3. If payment is made and the trip is cancelled or you are not able to participate, the assistance will not be redeemable toward your next trip, the assistance will be re-evaluated at that time and subject to funds availability.
4. In order to be eligible for assistance, you must have attended LBC for 6 months or longer prior to requesting assistance.

Application Process:

1. Complete the Mission Trip Assistance Application, providing information that you believe will be useful to the LBC Missions Committee in consideration for assistance.
2. The LBC Missions Committee will review applications during their normal scheduled meeting. Please consider this when determining when to submit your application.
3. Applications must be dropped off at the church office at least 60 days prior to the date the final payment is due.

Personal Information:

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Are you a Lynwood Baptist Church Member? _____ Yes _____ No

How long have you been attending Lynwood Baptist Church: _____

Are you involved in any ministries or classes at Lynwood? _____ Yes _____ No

If yes, which ones? _____

Information about the Mission Trip for Which You are Requesting Funds:

Name of Mission: _____

Location of Mission: _____

Trip Dates: _____

Will you be going on this trip with (please mark one):

By yourself _____ With a group from LBC _____

With another organization (provide name of organization and Trip Leader if known):

What are the goals for this trip and what are the plans to accomplish them?

Please share your personal expectations for this trip. How do you hope to be used by God in this experience?

Please share a bit as to what motivated you to pursue this trip.

Have you been on other mission trips? _____ Yes _____ No

If yes, please describe your previous mission trips and experience: _____

Have you ever received financial support from LBC for a mission trip?

_____ Yes _____ No

If yes, when? _____ How much was it for? _____

Where did you go and what did you do? _

Financial Information:

Why are you seeking assistance with the cost of this trip (please share what you are comfortable with) _

Since financial assistance is limited to up to \$500.00, will you be able to raise the balance of the cost through personal resources or fundraising? _____Yes _____No

What is the total cost for this trip: _____

If known, what is the cost breakdown (you may attach fee documentation):

Tuition, mission fees, etc. _____

Travel expenses _____

Food expenses _____

Housing expenses _____

Personal expenses _____

Other please list _____

How much funding are you requesting from LBC _____

When is the final payment due: _____

Who should the check be made to: _____

Address of where to send it: _____

****After completing this application, please mail it to Lynwood Baptist Church, ATTN: Missions Pastor, 2935 Lynwood Hills Dr., Cape Girardeau, MO 63701, or drop it off at the church office.**
