

Dear Applicant:

We are thrilled that you have an interest in attending the short term mission work for which you are asking financial support.

The application is short and we ask that you complete it thoroughly and reflectively. The information you give us will help us decide how to best support all the people who ask for financial support to help them with the expenses of performing mission work.

It is also important for you to have a plan for fund raising as part of your preparation which should start months in advance of the travel date. This plan will help you have the money you need without depending on one resource and without being stressed as you get ready for the work you have chosen to complete.

Your application should be completed and submitted to Dan Christmus, Chair, Outreach Committee, at *least 30 days in advance* of the trip's beginning. If for some unforeseen circumstance, you find that you cannot attend the planned mission activity, please contact the Chair of the Finance Committee as quickly as you can so that payments can be suspended.

Everyone in the church family is proud of you and your decision to do a short time mission. We will pray for you and look forward to your report about your experiences. We have all confidence that your experiences will be a strong witness to you and to us.

In Christ,

Tammie Sloop
Chair of Finance Committee
tammiepowell@msn.com

Short-term Mission TRIP Support Request

Name: _____

Address: _____

Phone: _____ Total amount needed for mission trip: _____

Amount of support requested from NEUMC: _____ How will you use the support you receive from NEUMC? _____ What are your plans for gaining the additional funds necessary for the mission trip? _____

Name of organization you will be serving: _____

Organization website: _____

Dates of mission trip: _____

Why would you like to go on this mission trip and what do you think your role will be?

Have you previously served with this mission organization or one that is similar?

Yes___ No___ If yes, name of organization _____

What was the impact of that service on your life? _____

What skills, gifts or talents do you have that you believe will be helpful? _____

Are you willing to write a short report of your experience within 30 days of your return?

Yes___ No ___

Applicant Signature: _____

Date: _____

Parent Signature: (Required if applicant is under 18 years old)

Date: _____