

**Calvary Community Church
Williams Bay, WI
Short Term Missions Support Application**

**This application should be submitted 45 days before funds are needed.
Send completed application using envelope attached.
Completed application must be received before the first of the month.**

Personal Information

Name _____ Date _____

Home Address _____

City/State/Zip _____

Home Phone _____ Email _____

Date of Birth _____ Passport # _____ Expiration

date _____ Immunization Record Current for
Trip? _____

Are you a member of Calvary Community Church? Yes _____ No _____

List your involvement in the ministry of Calvary Community Church:

Do you consider Jesus Christ as your personal Lord and Savior? Yes _____ No _____
Briefly explain your salvation experience.

Missions Project Information

Name of Missions Project _____

Sponsoring Organization _____

Key contact name _____ Phone _____

Departure _____ Returning _____

Briefly describe your project work.

Why do you want to participate?

Trip Cost: (enter total cost of trip here) \$ _____

How much of the above total cost are you contributing to the project?

How much support money do you expect to raise from other people?

How much financial support are you requesting from the Calvary Missions Board?

Have you previously applied for financial support for a short term missions project from Calvary?

Yes ___ When _____ No ___

Have you attached descriptive information about your project to this application form? Yes ___
No ___

If Approved

· To whom should the support check be made? _____

· The address where the support check should be mailed to:

· The Short Term Coordinator from the Missions Board will be in contact with you to discuss:

1. Prayer before your trip during Saturday Community or Sunday Worship Service
2. Personal report to the Missions Board within 2 months after you return

Missions Board Use Only

Approved _____ Not Approved _____ Recommended financial support
\$ _____

State any reason for not approving:

Signature (Missions Board representative) _____

Date _____

Financial Secretary

Amount Paid \$ _____

Date Paid _____

Check # _____

Sent to _____

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