

## **Application for Short-term Missions**

**DIRECTIONS:** Please complete this form and submit to the Mission's Committee Chair at least <u>90 days</u> prior to the anticipated trip date.

| APPLICANT INFORMATION                               |  |
|---|--|
| Name:   | Age: Date:   |
| Home address:                                       |  |
| Cell phone: () E-mail: _                            |  |
| APPLICANT'S BACKGROUND                              |  |
| Type of mission's trip (circle one): Local          | Minnesota National International                             |
| Why do you feel God is calling you to go on the     | is mission's trip?   |
| Previous evangelistic or missions training & ex     | periences:   |
| Are you an Oxlip Church member (circle one)?        | YES or NO  |
| If NO, please list the name, location, denomination | tion, and website of your current church.                    |
| SHORT-TERM MISSION'S OPPORTUNIT                     | 'Y   |
| Mission agency:                                     | Leader:  |
| (Please attach agency's statement of faith, if no   | t supported directly by Oxlip EFCA)                          |
| Address:  | Phone number:  |
| Location of trip:                                   | Anticipated dates of trip:                                   |
|   |  |
| Number of people attending (or anticipated):        |  |
|   | YES or NO (circle one) If YES, how many?                     |
| Is there a connection to OXLIP Church and/or (      | Community? Yes or NO   |
| If YES, Please Explain:                             |  |
| FINANCES  |  |
| Total cost of mission's trip: \$                    |  |
| *Please provide a breakdown of the costs (belo      | w), including any travel/transportation, food, housing, etc. |
| *Please be prepared to provide receipts for any     | , funding received.  |
| Other organizations or people where support is      | being sought:  |

Amount of money currently raised: \$\_\_\_\_\_\_ Amount being requested: \$\_\_\_\_\_\_ Do you anticipate any fundraisers being implemented at Oxlip? YES or NO (circle). If YES, please describe the fundraiser and the timeline requested. *Note: No fundraisers should be announced or started prior to approval by the committee*.

| ANTICIPATE/ESTIMATED MISSION'S TRIP BUDGET |      |
|--|------|
| AREA                                       | COST |
| Transportation                             | \$   |
| Food                                       | \$   |
| Housing                                    | \$   |
| Other:                                     | \$   |
|  |      |
| Total                                      | \$   |

## **FOLLOW-UP**

After returning, please submit the *Update for Short-term Missions Form* to the Mission's Committee Chair within 2 weeks.