



Financial Aid Application for Short Term Missions

"Whatever you did for the least of these, you did for me."

Matthew 25:40

The Outreach Team is thankful for your willingness to consider participating in a domestic or world short term mission trip. We are grateful for your desire to fulfill Christ's call to love our neighbors as ourselves.

General Information

Financial aid for short term mission trips is meant to encourage and assist those who need additional funds in order to participate in short term mission trips. We will consider offering financial support based on an individual's financial need, availability of funds, the nature of the trip, the information provided on the application and the prayerful consideration of each need presented to the team. In addition to using personal funds, applicants are encouraged to prayerfully consider all possible sources of funding, including assistance from friends, family, employers, charitable organizations and fundraising events.

While funding is not guaranteed, if funds are available, and if an individual has the need for financial assistance, it may be available for up to 1/3 of the cost of the trip, but not exceeding \$500. An individual may receive this assistance only once per year. The assistance provided is decided on a case-by-case basis. If funds are raised which exceed the amount needed, individuals are asked to consider making a contribution back to the short term mission fund so that future mission work can be supported.

Instructions

The attached application form should be filled out in full and placed in the Outreach mailbox in the church office. If the mission trip is not originating at St. Paul's, a detailed explanation of the trip with all important information should be included. It is advisable to submit the application, in full, at least three months prior to a mission trip's departure date.

St. Paul's Outreach Team

Revised, November 2007



Financial Aid Application for Short Term Missions

Name: _____ Today's Date: _____

Address: _____

Telephone Numbers: Home: _____

Work: _____ Cell: _____

E-mail: _____

Member of St. Paul's? Yes No Church Affiliation: _____

Mission Trip Destination: _____

Expected Date of Departure: _____ Expected Date of Return: _____

Mission Group sponsoring trip: _____

If this trip is not sponsored by St. Paul's, please attach a detailed explanation of the proposed trip.

Total Cost of Trip: _____

Provide a detailed budget breakdown of the cost of the trip: *(including travel, lodging, food, immunizations, incidentals, etc.)*

Amount you will contribute: _____

Amount you expect to receive from family,
friends, and other organizations: _____

Amount you expect from team fundraising: _____

Amount raised to date: _____

Amount requested from St. Paul's: _____

Office Use Only

Date Application Received: _____

Received By: _____

Team Meeting Date: _____

Amount Contributed: _____