



## Mission Support Application

### Contact Information

Student Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work/Cell Phone	
E-Mail Address	

### Purpose of Mission Trip

Summarize your purpose for traveling on this mission trip. Please attach a travel itinerary.

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### Mission Payment Information

Requested Amount/Trip Cost	
Organization (Ck payable)	
Street Address	
City ST ZIP Code	
Contact Name/Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that this is only a request for financial assistance and not a guarantee funds will be granted.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this non-profit organization to provide financial assistance based on available funds. The Foundation reserves the right to review each application to determine eligibility. Thank you for completing this application. Please email this form to: [melanieaverill@yahoo.com](mailto:melanieaverill@yahoo.com)