

MISSION FUND SUPPORT APPLICATION

Name _____
(Last Name) (First Name)

Street Address _____

City, State, Zip _____

Telephone Number _____

Name of home church _____ Pastor's name _____

Name of Mission Organization _____

Mission Organization website _____

Mission Organization Address _____

Mission Organization phone _____

Destination of Mission _____

Type of work you will be doing _____

Date of Trip _____

Deadline for submission of funds _____

Total cost _____

Requested amount _____

Check payable to _____

Describe your walk with the Lord _____

How were you called to this mission? _____

Will you be willing to share your mission trip experience with Upper Deer Creek Church? _____

Signature _____ Date _____

Mission Trip Financial Trip Protocol

1. Support will be considered at 50% of trip expense up to \$750.
2. A maximum of \$1000 per year for an individual going on multiple trips.
3. In the case of depletion of Mission Funds: first requests will be given priority over second requests in a budget year
4. Church member's requests will be given priority over requests from individuals outside current member/attendees.
5. Protocol may be waived in special circumstances.
6. Please give us a notice of 6-8 weeks if possible

Date approved _____