

North Clinton Church
Application for Short Term Mission Support Funding (STMSF)

Anyone planning to participate in a short term mission project and is not paid for their service or reimbursed for the expenses can apply for financial assistance from North Clinton.

Please turn in application at least 3 weeks prior to trip.

Name _____ Phone _____

Address _____
Street City State Zip Code

E-mail address _____

Information about this mission trip:

Sponsoring organization: _____

Dates _____ Destination: _____

What will you be doing? _____

Total cost (see #3 below) \$ _____ Needed by (date) _____

Total cost to be covered by (check all that apply):

☐ STMSF ☐ personal resources
☐ personal fundraising ☐ Other _____

Date available for commissioning in worship service: _____

NOTES:

1. "Anyone" is defined as a member or active participant attending North Clinton a minimum of one year and must be 13 years or older (special consideration for younger child with a parent/guardian).
2. Support is not provided for mission trips that are part of an internship or for college credit.
3. Support is provided for North Clinton team member only, but may include their portion of team costs for the individual (housing, meals, transportation).
4. Support will be provided for 75% of total expenses.
5. Any funds received over the total cost are to be returned to North Clinton STMSF.

Previous mission involvements

Dates	Organization	Location	Type of Service

How long have you attended North Clinton? _____ years

Are you a member of North Clinton? Yes / No

What do Jesus Christ and the Christian faith mean to you? _____

What is your concept of Christian witness? _____

What inspired you to go on this mission trip? _____

To the best of my knowledge this information is accurate. I agree to use funds provided for expenses of this trip. I will return the funds if I raise more than I need through other fund raising activities so that someone else will have a chance to go on a future mission trip.

Signature _____ Today's date _____

FOR USE BY OUTREACH MINISTRY

Total Cost of Trip \$_____ STMSF award: \$_____

Check # _____ issued on (date) _____