| Missions Support Application (Short Term) |  |
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The Grandview Missions Team would like to thank you for taking the time to fill out this application. The information you provide will help the team as it reviews your request for funding support.

*If you are filling this out by hand and require more space please feel free to attach appendices as required. If you are completing it on a computer sections will expand if necessary as you add text.*

*All information on this application is treated as personal and confidential.*

## 1. Contact and Personal Information

| Name |  |
| --- | --- |
| Street Address |  |
| City Province Postal Code |  |
| Phone Number |  |
| E-Mail Address |  |
| Marital Status |  |
| Are you over 18? |  |
| Are you a member at Grandview Church? | \_\_\_ Yes \_\_\_ No \_\_\_N/A |

## 2. Mission Organization

### What Missions Organization you will be serving with?

| Full Legal Name |  |
| --- | --- |
| Address (Head Office) |  |
| City Province Postal Code |  |
| Phone |  |
| E-Mail |  |
| CRA Charitable Registration Number (if known) |  |

## 3. About Your Trip

| Destination Country: |  |
| --- | --- |
| Destination City / Village: |  |
| Start Date: |  |
| End Date: |  |

In what stage is your application?

|  Applied |
| --- |
|  In Process |
|  Approved |

Please provide us with an overview of the trip’s goals and activities to be carried out – both practically and spiritually.

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What will be expected of you on this project?

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How many people are there on the team?

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| --- |

Will the sending organization be providing a debriefing session(s)?

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## 4. Personal

Have you served on previous short term mission trips? If so, please describe briefly:

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What experience, skills, and spiritual giftedness do you bring to this short term mission trip?

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What is your motivation for participation in this short term mission trip?

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What impact in your life do you anticipate as a result of participating in this short term mission trip?

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How are others feeling about your participation in this missions effort – family, friends, other Christians?

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Are there any health, emotional or family circumstances that may distract you from fully committing to tasks on the trip, or adapting to unusual conditions away from home?

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Could you provide some personal references (people that you have served with in previous Christian service preferred)?

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## 5. Christian Testimony

Tell us about your journey that led you to becoming a Christ follower.

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How have you grown in your Christian experience?

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What ministries have you been involved in; inside or outside the local church?

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## 6. Trip Preparation

Are there any risks related to health and safety considerations?

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What travel documentation and immunizations are required for this trip?

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Have you signed a trip release form? (in cases where the participant is a minor)

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What kind of team training and orientation activities will you participate in? ie. Team building activities, local customs, language study for basic communication, prayer and spiritual preparation, project overview and itinerary, etc.

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Do you have a group of individuals that will be praying for you while you are serving?

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How can we pray for you as a Grandview Missions Team?

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| --- |

## 7. Financial Support

| Total support required to join trip ($) |  |
| --- | --- |
| Total support already raised ($) |  |

How much of the trip fee will be covered with personal funds?

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| --- |

How close to meeting your funding goal are you?

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| --- |

How do you intend to fund raise?

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| --- |

What are the specific instructions for providing support funds to your mission agency?

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## 8. Other

### Provide any other information you feel would be important for us to know.

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## Short Term Missions Guidelines

1. Short term missions funding is provided to applicants, 16 years of age or older, to a maximum of 50% of total trip costs or $750, whichever is less.
2. Support must be provided via a Canadian Registered Charity.
3. Short term missions funding is not provided for post-secondary tuition in any form.
4. Our team will try to accommodate special needs, but applications should be submitted 2 months in advance of a planned trip.

## Agreement and Signature

### By submitting this application: I affirm that the facts set forth in it are true and complete; I understand that I will be required to provide Grandview with a written report or oral presentation within two weeks of returning home.

| Name (printed) |  |
| --- | --- |
| Signature |  |
| Date |  |

Thank-you once again for taking the time to complete this application.

Grandview’s Mission Team