

Covenant Church

Short-Term Mission Support Application

(Return completed form to: Missions Committee, Covenant Church, 211 Knox Drive, West. Lafayette, IN 47906)

Name: _____

Date: _____ / _____ / _____
Month Day Year

Home Address: _____

Daytime Phone: _____

Evening Phone: (____) _____

Email: _____

Sending Organization Name: _____

Phone: _____

Address: _____

Departure Date: ____ / ____ / ____

Return Date: _____ / _____ / _____
Month Day Year

1. Please state where you will be going, briefly explain the primary purpose of your trip and summarize the expected ministry opportunities. *(Please use the back of this page or extra paper as needed)*

2. Describe your sense of call to this mission trip. Why do you think God is calling you to do this?

3. What are your spiritual gifts and how will you be able to use them on this mission trip?

4. Are you currently a member of a church? _____ If yes, then provide the name of the church.

5. Are you involved with Covenant Church? _____ If yes, summarize your involvement.

6. What is the total amount of financial support you need to raise for this trip? _____
How much of this total amount have you already raised? _____

7. What plans do you have to raise the needed additional support?

8. Where should financial support be sent and do you have a specific account number?

9. How can we be praying for you?