

APPLICATION FOR FOREIGN MISSION PROJECT ASSISTANCE
SEVERNS VALLEY ASSOCIATION OF BAPTISTS

1. Name _____ Date _____
Address _____
Home Telephone Number _____ Cell _____

2. Your personal testimony of salvation and Christian experience:

3. Name of Church _____
Length of Membership _____
Involvement in Local Church _____

4. For what International Mission Project are you requesting assistance?

5. Is this a part of the Kentucky Baptist Convention link-up? _____

6. Why do you believe that you should go on this mission trip? _____

7. What would be your ministry on this mission project? _____

8. Cost of the mission project: \$ _____
Published trip cost: \$ _____
Other _____ \$ _____
_____ \$ _____
Total funds needed: \$ _____

9. Source of funds: _____
Your church \$ _____
Your personal funds \$ _____
Other sources \$ _____

Total funds now available \$ _____

10. Funds requested from Severns Valley Association of Baptists
\$ _____

11. If funds are provided by the association, you must agree to appear at the annual meeting before the assembled association. You will not be required to speak, only be presented to the association as the recipient of a Foreign Missions Scholarship. Will you make this commitment? _____ (Some pictures of your mission experience would be appreciated).

12. Your application must be accompanied by a letter from your Pastor stating that he and your home church support you in this project and your request to the association.

_____ Your Signature