

Application for Foreign Mission Project Assistance
Severns Valley Association of Baptists

1. Name _____ Date _____

Address _____

Home Telephone _____ 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? Is this your **first** International Mission trip? _____

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

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

7. Cost of the mission project: \$ _____

Published trip cost: \$ _____

Other _____ \$ _____

_____ \$ _____

Total Funds needed:

8. Source of funds needed: _____

Your church \$ _____

Your personal funds \$ _____

Other sources \$ _____

Total funds now available \$ _____

9. If funds are provided by the Association, you must agree to appear at the following Annual Meeting before the assembled Association. You will not be required to speak, only be presented to the Association as the recipient of a missions scholarship. Will you make this commitment? _____

10. 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