



Marysville Grace Student Ministries Mission Trip Application

MUST BE TURNED IN BY TUES. DEC. 11

Note: All applications will be reviewed by the Student Ministries Pastor and Marysville Grace Missions Team. Applying does not guarantee acceptance to a spot on this trip.

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Graduation Year: _____

Parent(s) Name(s): _____

Parents' Phone: _____ Parents' Email: _____

Where do you attend church? _____

Please write a brief description of how you received Christ as your Savior, and what your relationship with Him is like today: _____

What is one thing you are praying for in your life currently? _____

Why do you want to go on this trip? _____

Have you ever been on a mission trip before? _____

Please list 2 references (cannot be related to you; one must be an adult):

Name: _____ Phone: _____

Email: _____ Relationship: _____

Name: _____ Phone: _____

Email: _____ Relationship: _____

If accepted on this mission trip, I commit to raising and/or earning the necessary funds and making the required payments on time.

Student's Signature: _____

Parents' Signature(s): _____
