

Cody Missionary Alliance Church (CMA)

Acts 1:8 Team (Acts Team)

Short-Term Mission (STM) and Grant Application Form

Some questions may seem personal, but CMA requires certain information in case problems should arise while you are on location. Additionally, some information is to assist the Acts Team to administer God's finances as good stewards.

Date of Application: _____

Name: _____

Mailing Address: _____

Phone: _____ Email: _____ Mobile phone: _____

Date of Birth: _____ Place of Birth: _____

Explain your connection to CMA: _____

Destination of STM: _____

Time frame of STM: _____

Nature/Purpose of the STM (evangelism, work team, medical missions, etc...): _____

Is this your first Short Term Missions trip? Yes / No

Why do you want to go? _____

What area(s) in your life do you hope to grow in as a result of this trip? _____

If this STM trip is to a foreign country, please complete the following passport information:

United States Passport #: _____

Your name as it appears on your passport: _____

Expiration date of passport: _____

Is a Visa required for the country to be visited? Yes / No

If a Visa is required, have you requested a Visa? Yes / No

If you are requesting a Grant (financial support), please complete the following:

Have you ever applied for a STM grant from CMA before? Yes / No

Is this the first time that you have applied for a STM grant this year? Yes / No

What mission agency are you going to serve with: _____

Name of missionary you are going to be working with: _____

Approximate cost of the Mission trip: \$ _____

How much can you contribute to the cost of the trip? \$ _____

How many fundraisers have you participated in (primarily for Youth trips): _____

Have you sent letters or asked people to help support you financially for this trip? Yes / No

How can Cody CMA help you make this trip successful for you, (babysitting, house sitting, dog walking, plant watering, etc.) _____

Prayer requests: _____

Thank you, the CMA congregation looks forward to having you share your experiences when you return.

This application should be completed and returned to the church office at least 3 months prior to your mission. The MMT will respond to you as soon as possible.

Signature: _____ Date: _____