

**APPLICATION for ACTS 1:8 MISSION FUND
(Individual)**

Name: _____ Date: _____

Address: _____

City: _____ Zip _____

Phone: _____

E-Mail: _____

Member of what Church: _____

Location of Mission Trip: _____

Description of Mission Project: _____

Is your trip sponsored by a Southern Baptist Church or Agency?

Circle one: Yes No

Please Identify: _____

Your financial responsibility for trip: \$ _____

Are you receiving any financial assistance from your church, individuals, or other organizations? _____

At the time of this application how much financial support have you received or been promised. \$ _____

Date funds need to be in hand: _____

Would you be willing to share your testimony about this trip at a BRBA event or Church? Circle one: Yes No

What responsibilities or ministries do you have in your church.

Personal References:

Pastor: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Church Approval Date: _____ (The church needs to approve your request for funds)

Signature of Pastor or Church Clerk

Association Approval Date: _____ Amount: \$ _____

Signature of DOM or Mission Committee Chairman