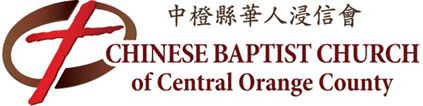
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**Mission Trip Financial Aid Application Form**

(Please print legibly. Complete all questions. Submit completed application to Mission Committee. [mission@cbccoc.org](mailto:mission@cbccoc.org))

\_\_Member of Chinese Baptist Church of Central Orange County

\_\_First-time regional or international mission trip

\_\_Need funding in order to participate

Employment status: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Others \_\_\_\_\_ None \_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chinese Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you previously been on a mission trip? Y / N**

If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which mission trips are you interested in participating? Who is the sponsor organization of this project?**

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**Please explain your interest in this particular mission trip include departure date. (If more space is needed, please use an additional sheet to continue.)**

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**Please provide your list of cost for this mission trip. (If more space is needed, please use an additional sheet to continue.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please provide your plan to fund this mission trip. (If more space is needed, please use an additional sheet to continue.)**

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**Please provide three adult references. One should be from a church staff member or Sunday school teacher.**

|  |  |  |
| --- | --- | --- |
| Name | Telephone | Email Address |
|  |  |  |
|  |  |  |
|  |  |  |

\_\_\_\_\_\_\_\_ I understand that the mission scholarship will cover a maximum of 1/3 of the trip cost, and I will be responsible for providing the remaining funds prior to deadlines set for my specific trip.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| MISSIONS COMMITTEE ACTION  \_\_\_\_\_\_\_ Approved (amount and special conditions):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_ Not Approved  Committee Chair / Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  Committee Use  Rec:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ |

**Remarks:**

Financial aid for Individual - up to ⅓ of the total project expense or maximum of $500.00

**CHECKS CANNOT BE MADE PAYABLE TO AN INDIVIDUAL BUT ONLY TO THE SPONSOR THAT COLLECTS ALL THE FUNDS FOR THIS SPECIFIC TRIP.**

**Reporting and Documentation**

1. Upon completion of the mission project, the individual or group shall make a debriefing report to Mission Committee to share the experience and learning. Participant may be asked to make a short presentation   
   (5 - 10 minutes) to the congregation either in the worship service or the regular business meeting.
2. Copy of the presentation materials shall be given to the Mission committee for record keeping.