

Lee/Itawamba County Baptist Associations

P O Box 2640 Tupelo, MS 38803

2019-2020 Mission Mobilization Application

Name _____ Date _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Phone: Cell _____ Home _____ Work _____

Where is your church membership? _____

Place of Mission Trip _____

When are you going? _____

State the purpose of the mission trip _____

How much do you anticipate the total cost of the mission trip to be? _____

How much can you personally contribute toward the trip? _____

Why do you believe that God desires you to go on this mission trip?

Who is the primary contact person at the destination of your mission trip and with what organization are they affiliated?

Name _____

Organization/Church _____

I understand that any financial support I receive must be used solely for this mission trip. Should I not go on the mission trip I will refund the money to the Lee/Itawamba County Baptist Associations. I commit to conduct myself in a manner that will bring honor to Christ and my fellow Southern Baptists. I understand this money comes from the Lord and is given to me through the financial support of the Lee/Itawamba County Baptist Associations. I understand funds will be dispersed at the sole discretion of the Lee/Itawamba County Baptist Associations based upon availability of funds and priority of mission projects. Only one grant will be rewarded to each applicant during a 12 month period.

Applicant's Signature

Date

Signature of Parent, if under age 18

I give my full support to the above applicant going on this mission trip. I will lead our church to be in prayer for the applicant. The above applicant is a faithful, active member of the church where I pastor and is in good standing with the church.

Pastor's Signature

Date

Associational decision Yes No Date: _____ By: _____