HUMC Great Commission Fund Application

This application process should be started three to six months before the anticipated trip.

Applica	ıti	ion Date:	
Name:		Pho	one:
Addres	SS:	:	
Email: _		W	ork phone:
Age: _			arital status
1	l.	Country/area of ministry	
2	2.	Dates of trip/project	
3	3.	Sponsoring organization	
4	1.	Purpose of trip	
5	5.	Total cost of trip	
6	Ď.	Amount still needed	
7	7.	Name and address to send check to:	
8	3	How long have you attended HL	IMC2

11. Why do you want to go on this particular trip?

 Please put completed application in the missions mailbox, give to Patty Weaver, or email to anthonyandpatty@gmail.com. A missions committee member will be contacting you about your application.

In addition, we would like an 8X10 picture or digital equivalent, a paragraph regarding the trip purpose, and prayer requests for publicity purposes once your trip is approved.