

Please note that a 1099 form will be issued if the support and/or offerings amount is \$600 or greater.

**First Baptist Church of Patchogue  
Missionary Committee**

(631) 289-0230 Fax (631) 654-9323 [fbc@verizon.net](mailto:fbc@verizon.net)

**Application Request Form – Support for Short-Term Missions Trips**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email Address: \_\_\_\_\_

Trip Destination: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization/Sponsor/Church: \_\_\_\_\_

Total Cost of Trip: \_\_\_\_\_

Financial resources: How will you cover the cost of this trip and how much support do you expect from:

Your family? \_\_\_\_\_ Friends and/or relatives? \_\_\_\_\_

Your own funds? \_\_\_\_\_ Other sources? \_\_\_\_\_

Please give a brief account of your conversion to Christ (circumstances, location, date, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What motivated you to participate in this particular short-term mission trip? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition to being an evangelistic event, what type of service(s) do you plan on being involved? (E.g. work, medical, ministry, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Although you may have difficulty answering this question prior to your trip participation, what impact do you expect this trip will have on your daily walk with God? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit this form to a Pastor or Mission's Committee member by Hand/Mail/Email/Fax

**Note: Effective 2011, in order to be considered for an Easter Recess / Spring Break Short Term Mission Trip this application must be submitted by January 31<sup>st</sup>. For consideration for a Short-Term Summer Mission Trip this application must be submitted by May 31<sup>st</sup>.**

Date Application Submitted: \_\_\_\_\_