

FOR OFFICE USE ONLY: _____ Approved \$ _____ ; _____ Not approved

Olive Baptist Church

APPLICATION FOR MISSION TRIP FINANCIAL ASSISTANCE

After completing this form, please return it to the Missions Office, c/o Olive Baptist Church, 1836 Olive Rd., Pensacola, FL 32514.

If your trip is canceled or if you do not participate on your trip you must return all funds given by Olive Baptist Church.

Name _____ Date of Birth _____ Today's Date _____

Phone: (Day) _____ (Night) _____ Email: _____

Address _____ ZIP _____

Total cost of missions trip: \$ _____ Note, trip cost may include only the officially published cost of the trip plus up to \$150 of personal expenses such as immunizations. OBC funds may not be used for trip deposits.

How much money have you already received toward this trip: \$ _____

How much has been promised to you: \$ _____

Trip dates: _____ Funds needed by what date: _____

If not an OBC project, where should the monies be sent? _____

Please attach a copy of your support letter and a list of 10-25 people that you have contacted for prayer and financial support.

Are you a current or previous member of OBC? Yes _____ How long? Years _____ Months _____ No _____

Please provide the name(s) of OBC members and/or references associated with OBC and how we may contact them.

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Is this project sponsored by Olive Baptist Church? Yes _____ No _____

If not an OBC project, please provide the name of a Christian organization with which you or this project is affiliated, along with a contact name and daytime phone number:

Organization _____ Phone _____

Contact person _____ Phone _____

Describe your mission trip: _____
