

FOR OFFICE USE ONLY: _____ APPROVED \$ _____ NOT APPROVED

**OLIVE BAPTIST CHURCH
MISSION TRIP FINANCIAL ASSISTANCE APPLICATION**

TODAY'S DATE:

QUALIFICATIONS FOR FINANCIAL ASSISTANCE

- Applicant must be an Olive Baptist Church member
- Must be an Olive Baptist Church sponsored trip
- SBC Entity appointment
- Applicant must not have received financial assistance from Olive Baptist Church in the last 24 months

After completing this form, please return it to the Great Commission Ministry Office,
c/o Olive Baptist Church, 1836 Olive Road, Pensacola, FL 32514.

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

APPLICANT INFORMATION

Name:

Date of Birth:

Student?

Current address:

City:

State:

ZIP Code:

Phone (Day):

Phone (Night):

Email address:

Trip Location:

Trip Dates:

Date Funds Needed by:

***Total Trip Cost:**

*** Trip Cost may include ONLY the officially published cost of the trip.**

**** OBC FUNDS MAY NOT BE USED FOR TRIP DEPOSITS. ****

How much money have you already received toward this trip:

How much money has been promised to you:

SUPPORT INFORMATION

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

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

SBC Entity:

SBC Contact Name:

Phone:

Have you ever received financial support from OBC for a mission trip? No Yes

If yes, when?	Amount Received:
Have you previously participated on an international mission trip? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Have you previously participated on a national mission trip? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Have you previously participated on a regional mission trip? No <input type="checkbox"/> Yes <input type="checkbox"/>	
YOUR CHRISTIAN TESTIMONY	
In the space below please provide your BRIEF Christian testimony:	
I agree to submit a one-page summary of my trip upon our return if Olive Baptist Church approves any financial assistance for this trip. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature of applicant	Date