



MISSION TRIP APPLICATION

1190 Gold Hill Road | Fort Mill, SC 29708 | 803.548.4078 | www.come2grace.org | treasurer@come2grace.org

(Please Print)

Personal Information

Name _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (C) _____ Email _____

Family Information

Marital Status ☐ Married ☐ Widow ☐ Single

Spouse's Name _____

Requested Mission Trip Information

What mission trip are you requesting at this time?

Dates of the Trip Leave _____
 Return _____

General Information

Are you a member of Grace Community Church? ☐ Yes ☐ No

Have you ever been on a mission trip? ☐ Yes ☐ No

Where did you go? _____

When did you go? _____

Have you participated in any Mission projects within the local community? ☐ Yes ☐ No

Explain _____

Have you done research towards this trip? ☐ Yes ☐ No

Are you willing to participate in fundraisers to raise money toward this trip? ☐ Yes ☐ No

Mission Trip Financial Information

Airfare _____

Tools _____

Meals _____

Supplies _____

Housing _____

Evangelism _____

TOTAL

How much financial support are you requesting? _____

Explanation of needs:

Mission Trip Details

PLEASE OUTLINE THE DETAILS OF THIS MISSION TRIP.

PLEASE DESCRIBE WHY YOU WANT TO GO ON THIS TRIP?

Mission Trip Details

WHAT GOALS DO YOU WISH TO ACHIEVE ON THIS TRIP?

PLEASE GIVE ONE OR MORE BIBLE VERSES THAT BEST DESCRIBE THE TRIP?
