2019-2020 MISSION APPLICATION



CONTACT INFORMATION		
Name:	Year in College:	
	First Last	
Address:s	Street	
	City State Zip Code	
Phone:	Email:	
PERSONAL INFORMATION		
Strengths:		
Physical Limitations:		
Greatest Concern Regarding Going on the Mission:		
Greatest Concern Regarding Going on the Mission.		
PASTORAL RECOMMENDATION		
The listed pastor would recommend me for participation on this mission trip:		
Name:	Phone Number:	
MISSION INFORMA	ATION	
Mission Dates:	March 16—25, 2020	
	<u>Approximately \$1800—\$2200</u>	
Payment Due Dates	s: \$200 Deposit: Due with application	
	\$600 Payment; Due October 1, 2019	
	\$600 Payment; Due December 1, 2019 Remainder of Balance: Due January 15, 2020	
CERTIFICATION	Nemainder of Balance. Due January 13, 2020	
CERTIFICATION	ubmission of this application does not guarantee assentance to participate in the Faith	
I understand that submission of this application does not guarantee acceptance to participate in the Faith Christian College mission trip. I understand that the number of students participating is limited and is determined on a first come, first served basis of submitting the required application and financial deposit.		
Student Signature:	Date:	
FOR OFFICE USE		
	eceived: Date Deposit Received:	
Order #	Approved / Rejected	