



Mission Trip Assistance Application

Strawbridge United Methodist Church has established a process and a budget for financial assistance for short-term SUMC mission trips. All assistance applications must be submitted for consideration to the SUMC Missions & Outreach Committee.

Application Information

1. The purpose for Mission Trip Assistance is to help and encourage members of Strawbridge United Methodist Church to participate in short-term mission trips and projects in cases where the cost of the trip may be an obstacle to participation.
2. All funding is contingent upon the availability of designated funds in the annual mission trip budget. Assistance may pay up to the full cost of the trip.
3. Applicants may request mission trip assistance once per calendar year.
4. Applicants must complete the Mission Trip Assistance Application prior to any consideration.
5. This assistance cannot be disbursed as cash or given directly to an individual applicant. Payment must be paid directly to the sponsoring organization on your behalf.
6. If payment is made and the trip is cancelled or you are not able to participate, the assistance will not be redeemable toward your next trip. The assistance will be reevaluated at that time via new application and is subject to funds availability.
7. Within one month following the completion of the Mission Trip, applicant must submit to the SUMC Missions Committee a written testimony of the trip, how the trip impacted the lives of the people encountered and how the trip impacted his or her life.

Application Process

1. Complete the Mission Trip Assistance Application, providing information that you believe will be useful to the SUMC Missions Committee in consideration for assistance. The SUMC Missions Committee will treat all information provided by applicants, including the identity of applicants, as confidential information.
2. The SUMC Missions Committee will review applications during their normal scheduled meeting. Please consider this when determining when to submit your application.
3. Assistance Applications should be mailed or dropped off at the church office at least 60 days prior to the date the final payment is due for the respective mission trip so a joint committee may evaluate all applications in aggregate.



Mission Trip Assistance Application

Personal Information:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Are you a Strawbridge United Methodist Church Member? Yes _____ No _____

How long have you been attending Strawbridge United Methodist Church? _____

Are you involved in any ministries or classes at Strawbridge? Yes _____ No _____

If yes, which ones? _____

Information about the Mission Trip for which you are requesting funds:

Name of Mission: _____

Location of Mission Trip:

Trip Dates: _____

What are the goals for this trip and what are the plans to accomplish them? _____

Please share your personal expectations for this trip. How do you hope to be used by God in this experience? _____

Please share what motivated you to pursue this trip. _____

Have you been on other mission trips? Yes _____ No _____

If yes, please describe your previous mission trips and experience: _____

Financial Information:

Why are you seeking assistance with the cost of this trip? (please share as much as you are comfortable with and it will be held in confidence.)

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

If yes, when? _____ How much was it for? _____

Where did you go and what did you do? _____

What is the total cost for this trip? _____

How much funding are you requesting from SUMC? _____

When is the payment due? _____

Mail completed application to Strawbridge United Methodist Church, ATTN: Missions Team Chair, 5629 Kingwood Drive, Kingwood, Texas 77345, or drop it off at the church office.