

Park Cities Baptist Church

Mission Trip Financial Assistance Application

Name: _____ **Date:** _____

E-Mail: _____ **Phone #:** _____

Thank you for your interest in participating in a mission trip through Park Cities Baptist Church. Please answer the following questions and return the application to the missions' office via e-mail or regular post.

jcdehaven@pcbc.org or Park Cities Baptist Church
Attn: Jill De Haven
3933 NW Parkway
PO Box 12068
Dallas, TX 75225

The information provided on this application will be kept in strict confidence by the Missions Committee. If you have any questions please do not hesitate to contact the Missions Office at 214.860.3916.

1. Please describe the mission trip you will be participating in:
 - a. Date: _____
 - b. Destination: _____
 - c. Purpose: _____
 - d. Amount of assistance needed: _____
 - e. Why you feel led to participate in this trip: _____

2. Are you a member of PCBC? How long? _____
3. Do you attend a Sunday School or Bible Study Class? How regularly? _____

4. Do you give regularly to the church? Please do not give specific amounts. Just describe your pattern of giving. _____
5. Would you be willing to report back to the missions committee concerning your experience on this mission trip? Either written or verbal? _____
6. Would you be willing to share your experience with other groups in the church (Sunday School classes, etc.)? _____
7. Have you received financial assistance for a trip in the past year? If yes, how much and for what trip? _____

8. If financial assistance from the church was not available for this trip, would you still be able to participate? _____

In addition to these questions we may interview you or may request additional information. Your age group minister will be asked to verify the above information and make a recommendation for you.