

# Connect Community Center

## Application For Funding DR Mission Trip

Date: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

Phone # \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

1. DR Mission Trip

\_\_\_\_\_ Date

\_\_\_\_\_ First Time Experience to DR

\_\_\_\_\_ Previous trips/dates

2. Are you a member of a local Church? If so, what church? \_\_\_\_\_

3. Have you applied to the Seedcaster's Committee at Covenant Church for assistance for this trip?

\_\_\_\_\_ If yes, what was their response? \_\_\_\_\_

4. Briefly describe why you want to go to the Dominican Republic on this mission trip.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How much money are you requesting? \_\_\_\_\_

5. How much of the total trip cost have you raised to date? \_\_\_\_\_

6. What steps have you taken on your own to raise money for this trip? Please describe in detail.

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7. When do you need the money requested? \_\_\_\_\_

8. How do you plan to use your experiences from this mission trip to foster the Lord's Kingdom?

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9. What are your next steps of faith? \_\_\_\_\_

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10. How will this mission experience help you to achieve your next steps of faith? \_\_\_\_\_

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Submitted

**Connect Community Center  
Board Review**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Members Present: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Action Taken: \_\_\_\_\_

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\_\_\_\_\_