

FOR OFFICE USE ONLY: [] Approved \$ _____ [] Not approved

APPLICATION FOR FINANCIAL ASSISTANCE FOR A MISSION TRIP Candies Creek Baptist Church

After completing this form, please return it to Jake Beard, c/o Candies Creek Church, 294 Old Eureka Rd. NW
Charleston, TN 37310 or email a scanned image to jake.beard@gmail.com

Name _____ Date of Birth _____ Today's Date _____

Phone: (Day) _____ (Night) _____ 'E-mail: _____

Address _____ Zip _____

• Mission Trip Expense:

Scholarship Amount Requested: \$ _____ (Typical scholarships awarded are up to 25% of the total trip cost)

Total cost of mission trip: \$ _____ Trip dates: _____ Funds needed by what date: _____

Please attach a copy of your support letter and a list of 10-25 people that you have contacted for prayer and financial support.

• Are you a current or previous member of CCBC? Yes _____ No _____
If yes then how long? Years _____ Months _____ (Approximate)

Please provide the name(s) of CCBC members and/or references associated with CCBC and how we may contact them.

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

Is this project sponsored by Candies Creek Baptist Church? Yes _____ No _____

If not a CCBC project please provide the name of a Christian organization that you or this project is affiliated with, along with a contact name and daytime phone number:

Organization _____ Phone _____

Contact person _____ Phone _____

• Describe your mission trip: _____

Which un-reached, un-evangelized, or un-churched peoples will be impacted by your ministry? _____

What city: _____ What nation: _____

• What relevant experience and/or training has prepared you for this mission project? _____

• Have you ever received financial support from CCBC for a mission trip? Yes _____ When? _____ No _____

