



ST. PAUL UNITED METHODIST CHURCH

“St. Paul United Methodist Church exists to evangelize the lost, edify the saved, minister to those in need, and be a conscience in the community for Jesus Christ.”



Please print or
Type in black ink

Applicant Sent _____
Received back _____
Reviewed by committee _____
Action _____

St. Paul United Methodist Church

Missions Committee

Short-Term Missions Application

It should be understood that until this Questionnaire and all requested items are in our office, the application will be incomplete. The requested information is to assist us in ministering to you most effectively.

Personal Information

Name _____ Age _____

Address _____ Phone _____

E-mail _____

Parent's Names _____

Parent's Address _____

Phone _____ E-mail _____

Member of St. Paul UMC Yes _____ No _____ Date Joined _____

List church activities with which you have been involved _____

Organization you will be representing _____

Organization Address _____

Contact Person _____

Phone _____

**Please write a brief testimony about your conversion and why you want to go to the mission filed.
Please attach a separate page.**

Please return completed information to: St. Paul United Methodist Church, PO Box 909, Ocean Springs, MS 39566

Ministry Information

What are the projected dates of your trip? _____

In what type of ministry will you be engaged in as a missionary?

- Evangelism or Church Planting
- Nurturing, Equipping or Training
- Support or Technical
- Administration

Is this ministry cross-cultural? _____

To what state/country will you be traveling? _____

To what group of people will you be ministering? _____

Financial Information

What is the amount required by the Board for your Mission Tour? _____

When is payment of your trip due? _____

To whom should checks be made and sent? _____

Please list the organization and individuals contributing to your support, with the amounts given.

Organization or Individual:

Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total amount committed as of _____

(Date)

% of total amount committed _____