



Mission Trip

Mission trip (location): _____

Date of the trip: _____ Estimated cost of the trip: \$ _____

Applicant Information

Name: _____ Birthday _____

Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Phone: _____ Email: _____

School (if a student): _____ Year in school: _____

Are you a member of NRBC? Yes No Year joined? _____

What previous mission trips (if any) have you participated in (give last three)?

Where? _____ Date: _____ Assistance received: \$ _____

Where? _____ Date: _____ Assistance received: \$ _____

Where? _____ Date: _____ Assistance received: \$ _____

Request for Financial Assistance

- I am requesting the Mission Committee cover the first 20% of the cost of the trip.
- I am a high-school student and would like additional assistance (up to an additional 20%; based on available funds).
- I am also requesting additional help (up to an additional 20% of the cost of the trip). **Without additional assistance, I cannot afford to participate in this trip.**

Total amount requested: \$ _____ Date: _____

Signature of Participant

Signature of Parent (if under 18)

Staff Approval Date: _____ Amount approved: \$ _____

Lead Pastor

Missions and Community Pastor