APPLICATION FOR FEC SHORT-TERM MISSIONS

Please type or print clearly.

1. PERSONAL INFORMATION (Chinese) Name: (English) □ Rev. Title: ☐ Minister ☐ Mrs. ☐ Miss □ Dr. ☐ Mr. Address: ____(Cell) Phone: (Home) E-mail: Occupation: Gender: ☐ Male / ☐ Female Marital Status: Single Married Divorced Widowed If married, name of spouse: Nationality: U.S. Citizen Permanent Resident of U.S. Other: Education ☐ High School ☐ College ☐ Graduate School Background: ☐ Seminary: ☐ Other: Campus since Congregation: Fellowship: Member of Do you have any health problem? (i.e. asthma, diabetes, etc.): **CONTACT PERSON IN CASE OF EMERGENCY:** Name: (Chinese) Relationship: (English) Address: Information same as above (Home) Phone: (Work) (Cell) 2. MISSIONS TRIP INFORMATION Missions Trip: _____ Date of the trip: _____ (If it's a non-FECA missions trip, please enclose with this application a descriptive brochure of the mission agency and the trip which help the committee understand its ministry.) 3. MINISTRY EXPERIENCE Please answer the following questions as clearly and precisely as possible in the space provided or on separate sheets of paper. 1) List your short-term missions experiences. 2) List your ministry experiences at church or elsewhere and share an experience you had in leading someone to Christ. 3) Why do you want to go on this missions trip? How does this trip relate to your long-term commitment? 4) What area are you participating in this short term mission trip, such as discipleship training, VBS, English teaching, etc?

4. RECOMMENDATIONS

Please ask two persons to fill in the attached recommendation forms (one must be from your congregational pastor and one from a mature Christian friend). Each individual form should be returned to you in a sealed envelope / email to LMC directly.

5. FINANCIAL ASSISTANCE

Short-term missions is a financial resources before	•		•		ınd sacrifi	cially use their ov	vn
Cost of the Trip:	\$	per person.	Χ	family members	= \$	(Total)	
Short-term missions is financial resources before				plicants to prayerfully and	sacrificially	y use their own	
Self-sacrifice Giving:					= \$	(Total)	
Financial Assistance: Cost of the trip (Total) – Self-sacrifice Giving (Total)					= \$	(Total)	
I hereby certify that I havaccurate to the best of	•	•	orm a	and that the information	is comple	te and	
Applicant's Signature**:	:			Date:			
** Type in your name a	nd date of a	pplication.					

Please return the whole package (including this application form, two recommendation forms and any associated documents) to Local Mission Committee representative.