



SHORT-TERM MISSION TRIP GRANT GUIDELINES

The Board of Directors of the LWML Atlantic District approved funds to support short-term mission trips.

To request these funds, please complete the attached application and submit it to the LWML Atlantic District Vice President for Mission Outreach.

Upon receipt of your application:

- Completed applications and all accompanying documentation will be verified through the sponsoring organization.

- Applications will be reviewed by the LWML Atlantic District Executive Committee. The Executive Committee will make a recommendation to the Board of Directors for approval.

The grant will be awarded based on the details and cost of the mission trip. Financial support is limited to no more than \$1,000 per person, per mission trip.

A completed expense voucher with accompanying receipts must be presented for the release of funds to the participant.

THE COMPLETED SHORT-TERM MISSION TRIP GRANT APPLICATION AND ACCOMPANYING DOCUMENTATION SHOULD BE MAILED AND E-MAILED TO:

Ms Jeanette Coulthurst
Vice President for Mission Outreach
LWML Atlantic District
4360 Rev. Theodore Wittrock Crossing
The Bronx, NY 10466-1804
mission@adlwml.org

Blessings on your commitment to participate in a short-term mission trip!



SHORT-TERM MISSION TRIP GRANT APPLICATION

NAME _____ DATE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

LWML GROUP NAME _____

_____ I AM AN INDIVIDUAL LWML MEMBER (check if applicable)

LWML ZONE _____

HOME CONGREGATION _____

CITY OF HOME CONGREGATION _____

SHORT TERM MISSION TRIP INFORMATION:

DESTINATION _____ TRIP DATES _____

PURPOSE OF TRIP _____

COST OF TRIP _____ (Please include cost breakdown of trip including airfare, on-the-ground expenses, pre-trip meeting expenses/travel, etc.)

SPONSORING ORGANIZATION _____

(such as LCMS World Mission, LAMP, MOST Ministries, etc.)

TEAM LEADER _____ TEAM LEADER CONTACT _____

DATE FUNDS ARE DUE TO SPONSORING ORGANIZATION _____

Statement of Intent

Please indicate why you want to participate in this short-term mission trip, include all of your funding sources, and explain how the LWML Atlantic District Mission Grant will assist you.

NUMBER OF YEARS ACTIVE IN:

- Your current LWML Atlantic District group: _____
- Other groups in LWML Atlantic District: _____
- Groups in other LWML districts: _____

_____ I understand that if I am selected to receive an LWML Atlantic District grant for this short-term mission trip, I will be expected to send a completion report within three weeks of returning, attend the next LWML Atlantic District Convention, and, if requested, give a short presentation of my experience on this trip. I also understand that my convention attendance will be at my own expense.

_____ I understand that if, for any reason, I am unable to participate in this short-term mission trip, I will contact the Vice-President for Mission Outreach to make arrangements to return the funds to LWML Atlantic District.

SIGNATURE _____ DATE _____

LWML ZONE PRESIDENT SIGNATURE _____

FOR OFFICE USE ONLY:

___ SELECTED TO RECEIVE GRANT FUNDS

___ NOT SELECTED TO RECEIVE GRANT FUNDS

PAID CHECK # _____ DATED _____ TOTAL FUNDS DISBURSED _____