Good Hope American Baptist Association
Short Term Mission Funding Request

Individual Making Request _____

Cost Per Person_____

Destination/Activity Location _____

Dates of the Mission Trip/Activity_____

Leader of the Group_____ Phone_____

Short Explanation of the purpose of the request, please include how the Lord called you to participate in the trip:

_____
_____
_____
_____
_____
_____
_____

If approved, check should be made payable to:_____
Address:_____

____I certify that I am a member of _____ Church

____I certify that all persons in above request are members of a GHA Church

Applicant's Signature_____ Date_____

Pastor's Signature_____Date_____

Church Officer's Signature_____Date_____