

# LETOURNEAU STUDENT MINISTRIES



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## Summer Missions Application - 2018

If you are interested in going on a summer mission trip ANYWHERE this summer, please fill out this application. By submitting this application, you may be eligible for financial support (up to half the cost of your trip) from the LeTourneau University Missions fund, regardless of whether or not your mission trip is organized by LeTourneau. Please give complete information.

If you have any questions or would like additional information, please contact the Missions VP at [LSM@letu.edu](mailto:LSM@letu.edu)

Please submit this application to [LSM@letu.edu](mailto:LSM@letu.edu) no later than **Monday April 16<sup>th</sup>, 2018**

### **PERSONAL INFORMATION**

FULL NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

CPO: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

AGE: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

### **MISSION INFORMATION**

MISSION TRIP DESTINATION: \_\_\_\_\_

MISSION ORGANIZATION NAME: \_\_\_\_\_

EXPECTED Start of trip Date: \_\_\_\_\_

EXPECTED End of trip Date: \_\_\_\_\_

EXPECTED RESPONSIBILITIES ON TRIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CONTACT E-MAIL: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

**FINANCIAL INFORMATION**

TOTAL COST OF YOUR TRIP: \_\_\_\_\_

*(Please fill out an itemized expected expenditure report below.)*

AMOUNT FINANCED FROM OTHER SOURCES: \_\_\_\_\_

AMOUNT REQUESTED FROM THE LETOURNEAU MISSIONS FUND: \_\_\_\_\_

**ITEMIZED EXPENDITURES:**

<b>ITEM</b>	<b>EXPECTED COST</b>
<i>Airfare:</i>	
<i>Lodging:</i>	
<i>Food:</i>	
<i>Mission Fees and Costs</i>	
<i>Ground Transportation:</i>	
<b>Other*</b> <i>(Please Specify)</i>	
<b>EXPECTED TOTAL</b>	

**CHURCH INFORMATION**

CHURCH AFFILIATION: \_\_\_\_\_

CHURCH YOU CURRENTLY ATTEND: \_\_\_\_\_

***FOREIGN TRAVEL EXPERIENCE***

FOREIGN COUNTRIES YOU'VE VISITED/LIVED IN & HOW LONG:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOREIGN LANGUAGE EXPERIENCE:**

\_\_\_\_\_

***ACADEMIC INFORMATION***

MOST RECENT CUMULATIVE GPA: \_\_\_\_\_

DATE OF EXPECTED GRADUATION: \_\_\_\_\_

MAJOR: \_\_\_\_\_

**SHORT ESSAYS**

Why do you wish to participate in the summer missions program?

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Describe your relationship and commitment to Jesus Christ.

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Although LeTourneau University encourages the Mission Program, the student embarks on this trip at his/her own risk. The student is responsible for his/her financial, physical, and emotional well-being. With my signature, I acknowledge and accept the responsibility of these risks.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**BY ACCEPTING FINANCIAL ASSISTANCE FROM THE UNIVERSITY, YOU ARE AGREEING TO COMPLETE THE POST-TRIP REPORT (minimum 2 pages).**