

# LETOURNEAU STUDENT MINISTRIES



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## Summer Missions Application - 2019

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 or Coordinator at [CarterDerebery@letu.edu](mailto:CarterDerebery@letu.edu) or [KatiePatterson@letu.edu](mailto:KatiePatterson@letu.edu)

Please submit this application to [LSM@letu.edu](mailto:LSM@letu.edu) no later than **Wednesday April 17<sup>th</sup>, 2019**

### 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:

ITEM	EXPECTED COST
Airfare:	
Lodging:	
Food:	
Mission Fees and Costs	
Ground Transportation:	
Other* (Please Specify)	

EXPECTED TOTAL	
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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).