UXBRIDGE BAPTIST CHURCH

SHORT TERM MISSIONS SUBSIDY APPLICATION

Uxbridge Baptist Church through its Missions Committee is enthusiastic about Short Term Mission assignments by members and adherents of our church and our Young People's Group.

It is our desire to assist candidates for Short Term Mission assignments in any way that we are enabled by the Lord. It is also our responsibility to ensure that any Short Term Mission assignments are of such a nature that they would neither conflict with our Statement of Faith nor our own sense of mission priorities.

This application should be submitted to the Missions Committee Chairman at least **90 days** before the required date.

PERSONAL INFORMATION	
Name:	Phone Number
Address:	Postal Code:
Date of Birth if you are under 18:	
Name(s) of parent(s) or legal guardian(s)	
Have you received their approval to proceed with this assignment	? Yes No
Are you a member of Uxbridge Baptist Church?	Yes No No
Are you a member of our Youth Group?	Yes No No
Have you given the Reference Form to your Pastor?	Yes No No
If yes, do you have the support of the Youth Ministry Team?	Yes No No
Have you accepted Jesus Christ as your personal Saviour and Lord	d? Yes No No
Briefly share your experience of knowing Jesus as your Lord and	Saviour.

C:Word/Bev/Missions/Application Revised: January 9, 2004

PROJECT INFORMATION	
Name of Organization: _	Contact Person
Address:	Postal Code
Does this organization ha	ave a statement of purpose and/or a statement of faith? Yes No
If yes, please include a co	opy with this application.
Project Description:	
Project Timing:	
	FINANCIAL INFORMATION
What are your total expenses for this mission assignment?	
What is the time line for funding?	
what is the time line for	runuing:
Describe your financial commitment toward this mission assignment.	
Describe your infancial c	ommunent toward this mission assignment.
What fund raising methods are you planning to use?	
Signature	Guardians Signature(s)

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