

P.O. Box 474

2110 S. Spring Place

Bolivar, MO 65613

Application for Mission Trip Support

| Name: | Sex: M F |
|---|------------------------------|
| Address: | |
| Phone/Cell phone: | |
| Mission trip destination? | |
| Dates of trip? | |
| What group or organization is sponsoring this trip? | |
| What are the intent/goals for this trip? What do yo | u plan to accomplish? |
| | |
| | |
| What is the total cost of this trip? | |
| What is the deadline for raising these funds? | |
| How much of this amount have you raised thus far | ? |
| What other sources have you approached for fund | ing? |
| What are your plans if you are unable to raise enough | ugh funds to take this trip? |
| | |
| Have we helped you fund any other mission trips?_ | When/Where? |
| (Application continued on back) | |

| How long have you attended Wellspring or been involved with Crossroads, home | groups, or other |
|--|---------------------------------------|
| ministries at Wellspring? | |
| Please supply the name of someone at Wellspring who knows you and who we character reference. If there is no one, you may do a second non-Wellspring cha (see below). | |
| Name: | |
| Phone:Email: | |
| Indicate how long this person has known you, who they are, and the nature of yo | ur relationship with |
| them: | |
| | |
| | |
| | |
| | |
| Please supply the name of someone NOT a part of Wellspring who has been in who we can contact for a character reference (preferably a pastor/elder/leader in | |
| Name: | |
| Phone:()Email: | |
| Indicate how long this person has known you, who they are, and the nature of yo | ur relationship with |
| them: | · · · · · · · · · · · · · · · · · · · |
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Please mail completed application forms to Wellspring at P.O. Box 474, Bolivar, MO 65613, drop them in the offering box at Wellspring or return them to John Credille, Jeff West, Marc Periman, Troy Bethards or Jamie Martin. Please include a photo of yourself with your application.

"Above all else guard your heart, for it is the wellspring of life." Proverbs 4:23