

**Guidelines and Application Form
For First Time
LWML Mission Trip**

Send application form to:

Mary Craaybeek, VP Mission Outreach, 64585 Fair Rd., Sturgis, MI 49091.

Person requesting funds:

- Must be an **active LWML member of the Michigan District** unless the applicant is considered necessary to facilitate the mission e.g. translator to a skilled worker, etc.
- Must be a member of a LCMS congregation and in good standing with their church body and be willing to collaborate in group efforts.
- Must be willing to present to LWML Societies, Zones or the District after the mission trip.
- Must be willing to provide additional information if deemed necessary by the review committee.
- Must meet the deadline of 60 days prior to departure date for requesting funds as determined by each trip.
- Must participate for entire time of said mission trip to receive funds.
- Must reimburse the District if applicant decides not to go on the trip after monies can no longer be recovered unless there is an acceptable reason for cancellation, to be determined by the committee.
- The money awarded will be up to and not to exceed 30% of total cost of the mission trip for this biennium.

Please print with black ink or type to apply for funding towards the mission trips for the 2016-2018 biennium. The signatures of your Society Pres./Chairwoman, Zone President and Pastor are requested. Please read guidelines for eligibility before completing application.

I _____ have been accepted as a member of the mission trip to _____ on _____ and am applying for funding from money made available through "Women Serving Short-Term Mission Teams" grant voted on at the 2016 MI District of LWML convention.

Address _____

City _____ State _____ Zip _____

E-mail address _____ Phone _____

Date funds are needed _____

I, _____ **Society President/Chairwoman**, recommend/do not recommend that _____, being an **active member of LWML**, be awarded funding for the above mentioned mission trip.

Comments: _____

Date _____

I, _____ **Zone President**, recommend/do not recommend that _____, being an **active member of LWML** and has attended two (2) or more Zone Rallies, Prayer Day Service or Zone Retreat in the last year, be awarded funding for the above mentioned mission trip.

Comments: _____

Date _____

I, _____ **Pastor** of applicant's church, recommend/do not recommended that _____, being an **active member of LWML**, be awarded funding for the above mentioned mission trip.

Comments: _____

Date _____