



**Level 2: Short-Term Mission Support Application**  
**(Project/Trip 6 months to 2 years)**  
**Hope Community Church Global Missions**

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

How long have you been attending Hope Community Church? \_\_\_\_\_ Member(Y/N)? \_\_\_\_\_

Name and Website of Organization Sponsoring the Project: \_\_\_\_\_

Dates of Trip/Project: \_\_\_\_\_ Date by which support decision is needed: \_\_\_\_\_

Project location and people group focus: \_\_\_\_\_

Total dollar amount to be raised: \_\_\_\_\_

Name and phone number of a reference from Hope CC: \_\_\_\_\_

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On a separate page or the backside, answer the following questions in short-essay form. Please answer **all** questions.

- I. What has been your spiritual journey to this point?
- II. How did you come to the decision to apply for this mission project? How did you come to be interested in missions and what do you see your part in missions in the future?
- III. What is your role on the team you're joining?
- IV. What has been your involvement with Hope and what do you see your future involvement to be?
- V. What are your support needs? What support are you requesting from Hope Community Church? (Prayer, Financial, other?) *Please include information about to whom checks should be made out and any other instructions about donations.*

**\*Please attach copies of references used to apply to the organization with which you are serving.**

\*Feel free to attach a general support-raising letter to this application.

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Questions? Email [global@hopecc.com](mailto:global@hopecc.com) or call 612-378-8820

Please return to the church office or any staff member to be put in the Global Missions mailbox.

Or Mail to: Hope Community Church, Attn: Missions 707 10<sup>th</sup> Ave. S. Minneapolis, MN 55415