First Baptist Church, Norman Mission Support Request

Name:			
Address:		(street)	
	(city	(state)	(zip)
Tel:	Date(s) of	of trip:	
Type/Nature of Req	uest:		
Mission Destination	: (if applicable)		
Method of Transpor	tation:		
Sponsoring Organiz	ration:		
Please provide cont and fax, if available.	tact information for organizations othe	r than FBC, including addres	s, phone, email,
General description	of mission activity and any specific n	eeds:	
Special Consideration	ons:		
Amount or Material	Request (if known): \$	(total cost)	
Need response by (date):		
Address/Contact Pe	erson to send funds:		
Name:			
Address:		(street)	
	(city	(State)	(zip)
Tol·	Fav:	e-mail:	

Applicant's FBC Information:

Affiliation with	FBC Norman (check all that apply):
Me	mber
Wa	tch Care Member
Sur	nday School Class Member
How long?	Other:
FBC Program	affiliations:
mission goals	questing funds for mission trips or activities should attach a letter explaining individual and the specific need for assistance. Other supporting information concerning the Mission helpful (such as how you are raising funds and the potential for other funding sources, mphlet, etc.)
FBC Mei	mber recommendations:
Name:	
	tion letters from two current FBC members are strongly suggested, other letters of ion can also be submitted for support of a request.
	e Use Only:
	Request submitted in writing: (date)
	Request discussed by committee: (date)
F	Request approved: (date) Amount:
F	Request not approved. Reason:
(Check request given to FBC Financial Office: (date)
l	_etter/check sent to applicant (date)
ı	Response from recipient after approval (call/letter/visit): date