State Missions Offering Application for Financial Assistance

Church/Team Leader Information

Church:	Association:	
Team Leader Name:	Phone:	Email:

Mission Information

Mission Location (State OR Country):	Dates of Mission:
Partnering Mission Organization: ☐ IMB ☐ NAMB ☐ Other_____	Total Cost: Type of Ministry:
If IMB, GO Method trip number_____	

International Insurance - Provider: _____ Number:_____

Team Member Information (attach additional pages if needed)

Team Member Name	Church Membership

My signature below indicates that I have read, understand and will agree to adhere to the 2027 guidelines that accompany this application.

Signature of Pastor		**Signature of Team Leader**

PROCESS THE ASSISTANCE CHECK TO:

Name of Church:
Mailing Address:
City, State, ZIP:
Attention:

All above fields must be filled out.

Mail Completed Paperwork to the below address.

Missions Mobilization
Mississippi Baptist Convention Board
PO Box 530
Jackson, MS 39205

MISSIONS MOBILIZATION

SENTINEL TRAINING COMPLETED

Sentinel Training must be completed in order to receive assistance for international trips.

The following team members have completed Sentinel Training (International Trips Only):

Name	Date Training Completed	

The following team members have NOT completed Sentinel Training

Name		Will complete training on