



P A T T E R S O N P A R K C H U R C H



Request for PPC Financial Support -Student  
PPC -Sponsored Short-Term Ministry Trips

Trip Destination: \_\_\_\_\_ Dates of Trip: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Email address: \_\_\_\_\_

Current Ministry Involvement at PPC: \_\_\_\_\_

General Purpose of the trip: \_\_\_\_\_

Your role on the trip: \_\_\_\_\_

**PPC Short-Term Missions Financial Support Policy**

Trips costing under \$1,000 can receive up to 20% of total trip cost, limited to one trip annually. (Example: \$450 trip cost – PPC would give \$90.) Trips costing over \$1,000 can receive a maximum of \$350 for the first trip and a maximum of \$100 for subsequent trips, limited to one trip annually.

Estimated cost of this trip: \_\_\_\_\_ Amount requested: \_\_\_\_\_

1. Briefly share your salvation experience. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List several specific goals or objectives you and/or your team hope to accomplish on your trip \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Email: \_\_\_\_\_

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Date Received: \_\_\_\_\_ Amount Granted: \_\_\_\_\_ Approved by: \_\_\_\_\_