Application for Mission Support

**Atonement Lutheran Church**

**4601 University Drive South, Fargo, ND 58104**

**(701) 237-9651   www.atonementfargo.org**

**\*Mission Application should be received 4 weeks prior to dates of mission.**

**Title of Mission/Project:**

**Contact Information:**

Group and/or Applicant’s Name:

If group, number of participants:

Name of Primary Contact:

Phone Number of Primary Contact:

E-mail of Contact(s):

Website of Contact(s):

Postal Address:

Street

City/State/Country(s)

**Brief Overview of Mission:**

Title of your Mission:

Dates of Mission:

Project Location(s):  \_

\_

1. Purpose of the trip? Why are you doing it?
2. List the specific mission goals you hope to accomplish.
3. Identify partnerships already present in the mission field.
4. Estimated Cost/Budget (including trip insurance)?
5. Identify source of funding and fundraising activities.
6. What is the specific amount you are requesting from the Mission and Committee? (Please list a specific amount.)
7. List your ideas of follow up activities/presentations.
8. How is the gospel explicitly advanced through your mission?

Thank you for your application. Please submit to the Atonement Office for Mission Committee review.