

# Moe Parish Missionary Outreach Fund

## Individual Application Form

Date \_\_\_\_\_

### Applicant Information

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

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

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

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

Student or Chaperone: \_\_\_\_\_

Church you are member of: \_\_\_\_\_

### Location of Mission

Country: \_\_\_\_\_

City/Village: \_\_\_\_\_

Dates (including travel): \_\_\_\_\_

### Purpose of Mission (projects/events)

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### Other Funding Received (fundraisers, letters, projects with amounts)

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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individual Cost of Mission\$ \_\_\_\_\_

Requested Amount\$ \_\_\_\_\_

Submit Request to:

Moe Parish Mission Outreach Fund Committee

47998 292<sup>nd</sup> Street

Hudson, SD 57034