APPLICATION FOR MISSIONS TRIP GRANT

Thank you for applying for the FCPA funds for your upcoming medical mission trip. The application will help provide the Missions Committee with the necessary information to evaluate your request.

Please read through the attached information related to this grant and forward the completed application to [fcpa@cmda.org](mailto:fcpa@cmda.org) for review by the Missions Committee and/or Board. Please have your requested references submit their letter to the same e-mail address with your name in the subject line.

PERSONAL INFORMATION

Please provide some basic information about yourself.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | Click or tap here to enter text. | |  |
| **City, State:** | Click or tap here to enter text. | |
| **E-mail:** | Click or tap here to enter text. | |
| **Phone number:** | Click or tap here to enter text. | |
| **Social Security #:** | Enter SSN | [NOTE: for tax purposes ONLY] |
| **CMDA Member?** | Yes  No |  |
| Since: | Click here to enter a date. | |
| **NCCPA Certification?** | Yes  No  N/A (student) | Enter NCCPA No. |

**PA EDUCATION**

Provide details regarding your education as a PA

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name:** | Click or tap here to enter text. | | |
| **Current Status:** | Student\*  Graduate | **Graduation Year:** | Click or tap to enter a date. |

\*Students are not required to fill out the Work Summary section

**WORK SUMMARY**

Provide details regarding your current employment as a Physician Assistant:

|  |  |
| --- | --- |
| **Current Employer:** |  |
| **Employer Address:** |  |
| **Practice Area:** |  |

If applicable, provide a summary of your experience working as a PA in the last 5 years.

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| Click or tap here to enter text. |

PREVIOUS MISSIONS EXPERIENCE

List any missions experience you previously had and give brief description of the trip(s). Please continue on another document if necessary.

|  |  |  |
| --- | --- | --- |
| **TRIP DETAILS** *Location, Agency* | **DATES** | **DESCRIPTION** *Goals of trip & Gospel outreach efforts* |
| #1 Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| #2 Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| #3 Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

CURRENT MISSION TRIP INFORMATION

Include the information requested below related to this current trip:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sponsoring Organization:** *Name of non-profit / church organization* | | | Click or tap here to enter text. | | |
| **Mailing Address:** *For sending in funds* | | | Click or tap here to enter text. | | |
| **Description of Trip:** *Include how the Gospel will be presented* | | | Click or tap here to enter text. | | |
| **Your Anticipated Role:** | | Click or tap here to enter text. | | | |
| **Destination:** | | Click or tap here to enter text. | | | |
| **Departure:** | Click or tap to enter a date. | | | **Return:** | Click or tap to enter a date. |
| **Total Projected Costs** (travel, lodging, etc.): | | | $Click or tap here to enter text. | | |
| **Current level of funding:** | | | $Click or tap here to enter text. | | |
| **Source(s) of currently raised funds:** | | | Click or tap here to enter text. | | |

**PERSONAL STATEMENT OF FAITH**

Provide your personal testimony of faith in Christ and continued spiritual growth & development

|  |
| --- |
| Click here to enter text. |

What is your favorite scripture passage or life verse? Why is that particular one mean so much to you?

|  |
| --- |
| Click or tap here to enter text. |

List what you feel are your spiritual gifts and how you anticipate these will be used in this trip.

|  |
| --- |
| Click or tap here to enter text. |

**LOCAL CHURCH AFFILIATION**

Provide the following information about your local church membership and involvement:

|  |  |
| --- | --- |
| **Church name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |

How do you regularly serve in your local church?

|  |
| --- |
| Click or tap here to enter text. |

**RECOMMENDATION LETTERS**

Please request a letter of recommendation from the following individuals. Their letters should be submitted on your behalf to [fcpa@cmda.org](mailto:fcpa@cmda.org) with the following subject line: “FCPA Medical Missions Grant Reference: Applicant Name.

**Current Pastor**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Phone #:** | Click or tap here to enter text. |
| **E-mail:** | Click or tap here to enter text. |

**Brother/sister in Christ**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Phone #:** | Click or tap here to enter text. |
| **E-mail:** | Click or tap here to enter text. |

ESSAYS

Please complete the following essays:

How is Jesus real to you in your practice?

|  |
| --- |
| Click or tap here to enter text. |

What call for missions has the Lord given you?

|  |
| --- |
| Click or tap here to enter text. |

MISSIONS TRIP FOLLOW UP

|  |  |
| --- | --- |
| Will you commit to writing an article summarizing the trip within 30 days of your return for the FCPA newsletter? | YES  No |

ELECTRONIC SIGNATURE

|  |  |  |
| --- | --- | --- |
| Typed Name: | Click or tap here to enter text. | |
| Date: | Click or tap to enter a date. | |
| Confirmation |  | I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document and has the same validity and meaning as my handwritten signature. |

*Through a generous gift from a Christian businessman, the FCPA seeks to encourage the sending forth of laborers (Matthew 9:37-38) into the fields which are white with harvest. This fund was established to offer financial and prayer support to FCPA members who are called by the Lord to medical missions work. Each member of the fellowship is a fellow laborer (1 Thessalonians 3:2), whether as one who sends or who goes, all to the glory of God.*