
Indiana District Mission Trips Fund

Purpose:

The Lutheran Women's Missionary League Indiana District desires to encourage active LWML members to personally be involved in short-term mission trips and servant events in our state, country, and around the world.

Applicant Qualifications:

1. Any member, twenty-five (25) years or older, of the LWML Indiana District may apply. Applicants are encouraged to be active members of LWML but this is not a requirement.
2. The applicant will contact her LWML society or zone for signatures and support.
3. The mission trip in which the applicant intends to participate must be a part of a Lutheran mission effort, preferably an LCMS recognized service organization (RSO).
4. The applicant must share the organization's considerations for safety with the board.
5. Applicant may receive funds only once per biennium.

Policies:

1. There will be a maximum of \$500 issued per person per mission trip with a maximum of \$2000 per trip.
2. The responsibility of the LWML Indiana District ends with the issuance of the check.
3. Within 30 days of completion of the mission trip, the recipient will submit a written report, which may be published by the LWML Indiana District, to the LWML Indiana District President.
4. In the event that the applicant is unable to participate, said funds will be returned to the Indiana District Mission Fund.

Procedures:

1. Application must be made to the LWML Indiana District Mission Trip Coordinator at least three months prior to the anticipated need. Application forms are available from the Mission Trip Coordinator and on the website, <http://www.lwmlindiana.org>.
 2. The application must contain all pertinent information regarding the mission trip, including purpose, dates, location, cost, sources of funding, the hosting organization, considerations for safety, etc.
 3. Disbursements of funds must be approved by a majority vote of the LWML Indiana District Executive Committee.
 4. The Vice President of Mission Grants LWML Indiana District will voucher the funds.
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Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email Address _____

Church _____

Church Address _____

City _____ State _____ Zip _____

Please Use the Back of the page or attach extra sheets to provide information about the following:

1. Mission Trip Description (Purpose, dates, location, cost, source of funding, other pertinent information)
2. Statement of why you wish to be involved in the Mission Trip
3. A brief description of your faith walk
4. Your experience with the LWML, district, zone, and society

Within 30 days of returning from the mission trip, I agree to submit a written report, which may be published by the LWML Indiana District.

Applicant's Signature _____ Date _____

Home Church Pastor Signature _____ Date _____

This application has been reviewed and approved by:

Name of Sponsoring LWML Society or Zone: _____

Signature LWML Society or Zone President _____ Date _____

Soc/Zone President _____ Phone _____

Cell phone _____ Email _____