

**PARKER HILLS BIBLE FELLOWSHIP
SHORT TERM MISSIONS APPLICATION FOR SUPPORT**

Name(s) of Applicant: _____

Address _____

Phone number _____

Email _____

Dates of Your Trip: _____

Location of your Trip: _____

Have you read our Short Term Missions Policy?

Please provide us with an overview of your mission trip:

Describe the group or agency with which you are going.

What are your plans (if any) for missions in the future?

What is total cost of your trip? _____

What are you requesting from Parker Hills Bible Fellowship? _____

To whom should funds be given? _____

How might we pray for you in your work on this trip?

How can PHBF better support you in your ministry?

May we use your likeness in our publications (newsletter, etc.)? If sensitive, please indicate the level of sensitivity and what may/may not be said.

Names and responsibilities of sending team members:

Please send this application to:
Parker Hills Bible Fellowship
7137 Parker Hills Court
Parker, CO 80138
303-841-9970