

**GEORGIA BAPTIST CONFERENCE OF THE DEAF
MISSIONS COMMITTEE**

APPLICATION FOR THE CARTER E. BEARDEN MISSIONS FUNDS REQUEST

Full Name: _____ Circle: **DEAF** **HH** **HEARING**

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Circle: **VOICE** **TTY** **VP**

Email: _____

Are you a member of a Southern Baptist Church in Georgia? Yes ___ No ___

Church Name: _____

Address: _____

Phone: _____ Contact Person: _____

Email: _____

List the responsibilities you have with the Deaf at your church: _____

List other mission trips you have been on before this trip and dates: _____

List your responsibilities on those trips: _____

What responsibilities will you have on this trip? _____

How much money have you already raised for this trip? \$ _____

How much money have you donated personally for this trip? \$ _____

What other groups or individuals have you applied to for money for this trip?

How much is the total budget per person for this trip? \$ _____ (Attach a copy of the full budget)

Briefly explain to us:

(A) The purpose of the trip: _____

(B) How long you will be on the trip: _____

(C) Why you decided to go on this trip: _____

Will you be working with or traveling with another group or church on this trip? Will there be several church going on this trip together? _____

How much money are you requesting from the GBCD Missions Committee? \$ _____

(The maximum limit is **\$250.00** per individual.)

Please answer and explain to the Missions Committee the following questions:

Do you believe Jesus is God's Son? Yes ___ No ___

Briefly explain: _____

Have you already asked Jesus to forgive your sins and save you? Yes ___ No ___

Briefly explain: _____

Have you already been baptized by immersion? Yes ___ No ___

Which Church: _____

Were you baptized after your salvation? Yes ___ No ___

I am attaching the following items with this application:

1. Letter from your Church Senior Pastor or Minister of Missions with supporting signature of Deaf Ministry representative on church letterhead stationery.
2. Full budget for this mission trip expenses.
3. A written request from the missionary I will be working with on this mission trip.

I understand that I am responsible for a written follow up activity report and copies of receipts for my expenses equal to the amount of money received from GBCD for this trip within 30 days of returning home from the mission trip and will provide this information to the GBCD treasurer.

I also understand that any funds that I do not use for the mission trip will be returned along with the activity report.

I also understand that if my mission trip is cancelled and not re-scheduled for completion within 90 days of the original trip date that all funds that I have received from the GBCD will be returned to the GBCD treasurer promptly.

I also understand that the GBCD will not accept any responsibility or liability for any events that happen on or related to this mission trip.

Applicant's initials: _____

(Applicant's Signature)

Please submit this application and all attached documents to:

Beth Rosenzweig, Chairperson; CEB Mission Fund,
233 Alanna Ae, Winder, GA 30680
Email: BR4HIM2@gmail.com or falcongal@hotmail.com