



**Lutheran Women's Missionary League
Washington-Alaska District
Short Term Mission
Application and Request for Funds Form
2022-2024 Biennium**

Any woman belonging to a church in The Lutheran Church—Missouri Synod in the LWML Washington-Alaska District is invited to apply.

Today's Date: _____

Name: _____

Address: _____

Phone: _____

Email address: _____

Communicant member of _____, LCMS in

City _____, State _____

Mission Name and Location: _____

- Description of mission project: _____

- I will be participating in: (e.g., leading Bible studies, VBS, building, etc.)

- Mission Involvement: Start Date: _____ End Date: _____
- Itemized cost of mission: \$ _____

- Provide a list of other sources of money received: \$ _____

- Short Term Mission grant amount requested: \$ _____
- **Please submit a short story of your mission experience, with photos if possible, to the Short Term Missions chair within a month of returning from your trip.**

Applicant Signature: _____

Pastoral Support Signature: _____

Note: Physical signatures are required (not electronic).

Please return completed form to:

Patrice Cornelius, Short Term Missions Chairman

803 Dayton Drive

Sunnyside, WA 98944

cell phone 509-840-2581

or print, complete, sign, scan, and email to: patrice.cornelius@gmail.com



Lutheran Women's Missionary League
Washington-Alaska District

**** This page to be completed by district committee and officers.**

Date: _____

Grant Title: Short Term Mission Grant _____

Total amount of grant awarded from LWML WA-AK District: _____

Grant amount payment (check one): _____ the total grant in one payment

Check payable to: _____

Mail check to: _____

FOR OFFICE USE ONLY

Date received: _____

Date approved: _____

Signatures: District President _____

VP of Gospel Outreach _____

Treasurer _____

Payment amount: _____

Payment date: _____