Chinese Christian Church of New Jersey
Short Term Missions Application for College Students
(participating in NON- CCCNJ Sponsored STM trips)

Name: _____ _____ _____
Last First Middle Initial

Phone number: _____ Email Address: _____

Permanent Address:_____

Date of Birth: _____ Sex: M___ F___ College & Year: _____

Where & when have you been baptized? _____

Are you a member of CCCNJ? Yes___ No____
If no, which church are you a member of? _____

Church Pastor / Elder's name: _____ Phone: _____

Your prior short-term mission experience, if any: _____

_____

Your Mission Destination & Dates: _____

The name of your Sponsor Organization: _____

Your STM Leader's Name & Phone Number: _____

Please describe the Purpose and Nature of this Missions Trip: _____

_____

$_____ Total Cost of this Missions Trip

$_____ Amount of your Expected Fund Raising from Individual Sponsors & Friends

$_____ Amount most likely to be funded by your family or your personal savings

Please provide the endorsement from your church Pastor or College Fellowship Group Leader:

_____ _____
(Church Pastor or Leader's Name & Signature) Date

_____ _____
(Your Signature) Date

Est. 2011