

# Great Commission Center Student Missions Application

Please submit your application along with a non-refundable deposit of \$100  
To the Great Commission Center in Norton 108

**Desired Trip:** \_\_\_\_\_

**Personal Information:** Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student ID # \_\_\_\_\_ Campus Box \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status: Single Married Divorced

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Passport No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Legal Name (as stated on passport) \_\_\_\_\_

*A Travel Insurance Policy is purchased for each trip participant. Please designate a beneficiary.*

**Travel Insurance Beneficiary** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Emergency Contact Information:** Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Student Information:** School Attending: Theology Graham School

Leadership & Ministry Boyce

Hours Completed \_\_\_\_\_ GPA \_\_\_\_\_ Proposed Graduation Date \_\_\_\_\_

**Church Information:** Present Church Membership \_\_\_\_\_

City \_\_\_\_\_ Pastor's Name \_\_\_\_\_

How long a Member? \_\_\_\_\_ Responsibilities: \_\_\_\_\_

**References:**

Church/Pastor \_\_\_\_\_ Phone \_\_\_\_\_

SBTS/Boyce Professor \_\_\_\_\_ Phone \_\_\_\_\_

Ministry Gifts \_\_\_\_\_

Are you considering full time missions? \_\_\_\_\_