RCS Short Term Mission Trip
APPLICATION FORM

Name of Student:_____

Date of Application:_____ **Date of Birth:**_____ **Grade:** ____
YYYY/MM/DD YYYY/MM/DD

Address:_____

Phone:_____ **Health Card Number:**_____

Drivers License Number:_____

Travel Health Insurance Provider:_____

Travel Health Insurance Policy Number:_____

Describe the organization and location of the STM trip.

Describe in detail the expenses you will have in making this trip.

I understand that the following criteria must be met to qualify for funding:

- **Must be an RCS student in grades 11 or 12.**
- **Submit a completed application form to the Principal.**
- **Demonstrate mature behaviour in agreement with the Bible.**
- **Demonstrate ability to carry out work assigned with a positive attitude.**
- **Be willing to raise/pay at least 50% of the costs of the trip myself.**
- **Provide the school with a certificate of travel health insurance.**
- **Give evidence of being physically fit.**
- **Provide a recent photo of yourself for identification purposes.**

_____ _____
Signature of Student **Signature of Parent or Guardian**