

WHF Medical Team Volunteer Trip

Application for Financial Assistance

West Hills Friends Church Traveling Ministry Fund

Name of Applicant

Date submitted

Street address

Amount Requested

City

State

Zip

Full

Half

Other:

Email address

Phone

Trip Information

Country

Travel dates

Position on the medical team

Previous medical experience

Known languages and proficiency

What expenses are associated with this trip?

Airfare Hotel Food Transportation Medical supplies

Other:

Please describe how financial assistance would enable your experience in this ministry. Use the back of this page or an attached page.

Is there any other information you wish to share with the selection committee?