# World Mpact

2020

## STUDENT APP

## Application & \$75 APP fee

Early Registration Due Feb 26

I AM APPLYING TO BE A MISSIONARY TO:
[ ] San Antonio, TX [July 5 - 11] (6th - 8th grade) \$950
[ ] Belle Glade, FL [July 3– July 10] (9th - 11th grade) \$1900
[ ] Clandolkin, Ireland [July 11 – July 20] (11th -12th grade) \$2900

| <u>Participant informa</u><br>Name:                                       | ATION: (name must be your full legal name as   | it appears on your passport/license) |
|---|--|--------------------------------------|
| Legal Last  | Legal First  | Middle:                              |
| Goes By:  | Date of Birth//  | [ ]Male [ ]Female                    |
| Age: Current Grad   | de:School:   |                                      |
| Cell Phone:   |  |                                      |
| Address:  | City:  | Zip:                                 |
| T-shirt size: S M L XL 2  | 2XL 3XL  |                                      |
| PARENT INFORMATION  | <u>.</u>   |                                      |
| Mother:   | Contact Number:  | Email:                               |
| Father:   | Contact Number:  | Email:                               |
| •   | ed to our texting database for updates & remine o has legal custody? Mother Father Joint Oth |                                      |
|   | nmitment to follow Jesus?  |                                      |
| Have you received the Ba  | ptism of the Holy Spirit?  |                                      |
| Have you been involved w<br>Alcohol or Tobacco:<br>Illegal drugs: [ ] Yes |  |                                      |

### **WORLD MPACT REQUIREMENTS:**

#### **LIFESTYLE**

- Keep sermon notes of all services
- Be faithful to tithing and offerings
- Live a pure and holy life; one pleasing to God. Use wisdom in choosing TV shows, movies and music
- Use wisdom in the things you do, where you go, what you say, text and post
- Don't date anyone that is a non-Christian
- Sit as close as possible to the front in every service
- Pray and read your Bible daily
- Choose an accountability partner and be accountable to him/her and your group

#### **ATTENDANCE**

- Info meeting February 5th (after Mpact) & April 22 (after Mpact)
- Prep Days May 31, June 7, 14, and 28 (Sundays 2:00PM -7:00PM)
- Mpact Wednesdays, Mpact Sundays, and a Weekend service at The Assembly

Attendance is mandatory to prepare for your trip, learn unique information regarding your trip, and grow as a missions team. Due to the limited number of Prep Days, **STUDENTS MUST ATTEND WORLD**MPACT PREP DAYS, Mpact services and Weekend Services and sit in the student section.

#### FINANCIAL INFORMATION:

| (DEPOSIT) |
|-----------|
|-----------|

| TEAM                | Cost/payment plan           | 1 <sup>st</sup> Due 5/13 | 2 <sup>nd</sup> Due 6/17 | FINAL Due 7/1     |
|---------------------|-----------------------------|--------------------------|--------------------------|-------------------|
| San Antonio, TX     | \$950 - \$1,000             | \$317 -\$350             | \$317 - \$350            | \$317 - \$350     |
| Belle Glade, FL     | \$1,900 - \$2000            | \$630 - \$683            | \$630 - \$683            | \$630 - \$683     |
| Clondalkin, IR      | \$2,900 - \$3,100           | \$967 - \$1033           | \$967 - \$1033           | \$967 - \$1033    |
| ***We strive to kee | en costs as low as nossible | but vary due to team     | n size airfare etc       | We will provide a |

<sup>\*\*\*</sup>We strive to keep costs as low as possible, but vary due to team size, airfare, etc. We will provide a final price by April 22.

<u>Participants are required to pay a personal payment</u> (not earned through Mpact fundraisers, donations or parents). Personal payments are included in the trip cost.

San Antonio, TX \$75 Belle Glade, FL \$150 Clandolkin, Ireland \$200

#### **DROP/WITHDRAW DATE:**

Anyone unable to complete the training, requirements or attend the trip will be responsible for the costs as outlined below.

These deadlines are in place as the majority of the trip expenses are non-refundable and prepaid. Also, trip costs such as transportation and lodging are based on the number of participants. **Withdrawals must be received in writing and emailed to mpact@theassembly.org or mailed to The Assembly.** 

#### Refund/withdrawal dates:

Before March 11 forfeit \$75 app fee Mar 12 - May 30 pay 50% of trip cost After May 31 pay 100% of trip cost

Due to IRS regulations, contributions are non-refundable. Funds raised or contributed above the cost of World Mpact will remain in his/her student account and can be used for future Mpact events.

The purpose of World Mpact is the ministry of the Gospel of Jesus Christ and His Church. Any available sightseeing and shopping will be permitted only if it coincides with the team's main purposes, but could be cancelled. Dates, travel arrangements, and schedules are subject to change.

Application fees and contributions are non-refundable.

I understand and commit to pursue a meaningful relationship with Christ and assure the leaders of this program that I will strive to fulfill the World Mpact Requirements. I also confirm that I have read and understand the financial commitment and agree to pay the designated amount.

| Applicant Signature  | Date | , , | ı |
|--|------|-----|---|
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| MEDICAL RELEASE  |  |   |
|--|--|---|
| Are Mpact sponsors authorized to approve medical treatments the participant covered by personal/family medical insuran   |  |   |
| is the participant covered by personalitarilly medical insuran   | ice !   res   jivo   |   |
| If yes, name of insurer:   |  |   |
| Policy and/or group number:  |  |   |
| List routine medications:  |  |   |
| I understand and support my student's commitment to the att above. I also understand my student's financial commitment Mpact 2020.   |  |   |
| Parent Signature   | Date   | _//   |
| List medication or food allergies:List physical or mental limitations or restrictions:   |  |   |
| Have you ever had:  • Diabetes,Seizures,Fainting spells, An eating disorde   | r, or Respiratory problems `   | Yes [ ] No [ ]  |
| List an emergency contact <b>OTHER THAN PARENTS</b> listed a (We will always try to contact  |  |   |
| NamePhone_   |  |   |
| Relationship to Student  |  |   |
| I authorize those in charge to call an emergency vehicle arrange for necessary care. Any qualified physician calls whatever necessary for the health and well being of my child. However, in accept full responsibility for any and all costs incurred for I waive any and all liability and agree that the property of otherwise. | ed by those in charge, ma<br>child. I believe necessary<br>case of accidental injury,<br>or medical services rende | y treat and do<br>precautions will<br>, I agree to<br>red. In addition, |
| Parent Signature   | Date   | <u> </u>  |