Lutheran Women in Mission
LWML Washington-Alaska District
2026-2028 Short Term Mission
Application and Request for Funds Form

Any woman belonging to a church in the Lutheran Church—Missouri Synod within the LWML Washington-Alaska District is invited to apply for a short term mission!

Today's Date: _____

Name: _____

Address: _____

Phone: _____

Email address: _____

Communicant member of _____, LCMS in

City _____, State _____

Mission Name and Location: _____

- Description of mission project: _____

  _____
- I will be participating in: (e.g., leading Bible studies, VBS, building, etc.)

  _____
- Mission Involvement: Start Date: _____ End Date: _____
- Itemized cost of mission: $ _____

  _____
- Provide a list of other sources of money received: $_____

  _____
- Short Term Mission grant amount requested: $ _____
- **Please submit a short story of your mission experience, with photos if possible, to the Short Term Missions Chairman within a month of returning from your trip.**

Applicant Signature: _____

Pastoral Support Signature: _____

Please return completed form to:
Judy Norton, Short Term Missions Chairman
3293 Lost Mountain Road
Sequim, WA 98382
Phone: 360-681-8864
or complete, sign, scan, and email to: **kumujudy2@yahoo.com**

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**** This page to be completed by district committee and officers.**

Date: _____

Grant Title: Short Term Mission Grant _____

Total amount of grant awarded from LWML WA-AK District:_____

Check payable to: _____

Mail check to: _____

_____

_____

_____

_____

FOR OFFICE USE ONLY

Date received: _____ Date approved: _____

Signatures: District President _____

VP of Gospel Outreach _____

Treasurer _____

Payment amount: _____

Payment date: _____