

Mission Trip Scholarship Application

(Please print and use a dark ink pen or typewriter or send an electronic copy)

DATE: _____

NAME: _____
Last First Middle

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

CONGREGATION: _____

Please provide the following information:

Gulf Coast Mission Trip for which are you applying:

March 16-22: _____ March 29-April 5: _____ June 15-21 _____

Requested amount of scholarship: \$ _____

Amount of anticipated funding from other sources:

Individual Participant Contribution: \$ _____

Other sponsorship: \$ _____



Please state your reason for applying for a scholarship:
