



Faith On Mission Scholarship Application

Name: _____ Today's Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (cell) _____ Email: _____

Please provide the following information regarding your financial efforts and needs. This information will be confidentially submitted to a Scholarship Team who will determine if your request is granted.

For which mission trip are you applying? _____ Member of Faith? Y / N

Dates of mission trip? _____ Name of Trip Leader: _____

Amount you are requesting? _____ Total cost of trip? _____

What led you to choose this mission trip? _____

Describe the situation that leads you to request this Faith On Mission Scholarship. _____

How have you attempted to raise funds for your trip? If support letters were mailed out, please attach a copy.

When did you begin the process of raising funds for your trip? _____

What sacrifices were made in raising money for your mission trip? _____

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