



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?

Are you an Active Member of Faith? Y / N

Do you have an outstanding balance from a previous years trip? Y / N / I'm not sure
If so, how much?

Dates of mission trip?

Name of Trip Leader:

Amount you are requesting?

How much have you already raised?

How much do you anticipate raising (not including this scholarship?)

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?

Would you be willing to help volunteer for one of our missions related events? Y / N