

Traders Point Christian Church

# Short-Term Mission Trip Scholarship Form

- One form per family.
- Please turn form in to the church office.

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| Mission Trip Destination: _____ |
| Trip Dates: _____               |

Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Email: \_\_\_\_\_

Names & ages of other family members going on the trip:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Amount of Scholarship you are requesting:

•For you: \_\_\_\_\_

•For the family: \_\_\_\_\_

Why do you feel that God is calling you to go on this mission trip? \_\_\_\_\_

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Have you gone on other missions trips? \_\_\_\_ yes \_\_\_\_ no

If yes, where and when: \_\_\_\_\_

What have you done to raise your own support, ex. Letters to friends, family, fellow workers: \_\_\_\_\_

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Why do you feel that you should receive a scholarship from the church? \_\_\_\_\_

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*\* The information given will be kept in the strictest of confidence and used only by the Missions Minister & elder to determine the disbursement of any scholarship monies.*