

## Mission Trip Scholarship Application

Please fill in the application completely to be considered for a First Baptist Church mission trip scholarship. Financial information required will be held in strict confidence. Completing an application does not guarantee you will receive funds.

Trip Destination	Trip Dates			
Name	Age		□Male	□Female
Address				
City State Zip				
Phone number	□Cell □Home			
Email Address				
Marital status: □Single □Married □Other				
FBC Membership: □Member □Sunday School only	□Regular Attender			
How long have you been attending FBC?				
How are you currently serving in ministry through FBC	?			
Have you previously participated in a mission trip at FE	BC? □Yes □No			
If yes, where did you go and when?				
Have you previously participated in a mission trip with	another church? □Yes	□No		
If yes, where did you go, with which church, and when	?			
Employment (If student is applying, use parent inform	ation):			
Name of Employer				
Address				
City State Zip				
Worked from	to			
Type of work performed				
Monthly Salary/Hourly Rate \$				

Describe your circumstances and why you are requesting this scholarship. Also list the names of those whom				
you sent support letters. Use additional pages if necessary.				
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Signature of Applicant	Date of Application			