

Short-Term Mission Trip Scholarship Form

LOVE GOD
TO/Æ PEOPLE
south side christian church

- Please turn this form in to the church office
- Requirements-active church member or active regular attendee

Name: _____ Birthdate: ____/____/____ Gender: _____

Home Address: _____

Home Phone: () _____ Personal Email: _____

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

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Total cost of trip: _____

Amount of Scholarship you are requesting:

- For you: _____
- For the family: _____

Mission Trip Destination:

Trip Dates:

Funds Due Date:

Name of Trip Organizer:

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

Have you gone on other mission trips? ____yes ____no

If yes, where and when: _____

What will you be doing on this mission trip? _____

What have you done to raise your own support, ex. letters to friends, family, fellow workers or contributions (please be specific):

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

*The information given will be confidential and used only by the Mission Committee & elders during the scholarship decision process.