

Mission Trip Scholarship Application

Today's Date: _____

Trip Details:

Trip Destination: _____ Trip Dates: _____

Estimated Cost of Trip: _____

Role of the Applicant during trip: _____

Personal Information:

Name of Applicant: _____ DOB: _____

Parent or Guardian (if under 18) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How long have you attended CBC? _____ How often do you attend? ____ Wkly ____ Monthly

Are you a church member? _____ Regular Attender? _____ Casual Attendee? _____

Are you currently serving in any ministry areas at CBC? _____

Please give an overview of circumstances that make it difficult for you to cover the cost of the trip.

[Check any that apply and write whatever explanation you feel comfortable providing:]

___ Current income level doesn't support the full cost of the trip

___ Single Parent

___ Loss of job or reduction in salary

___ I am hoping to take multiple family members on the trip and unable to cover the cost for everyone.

___ Other _____

If you don't get a scholarship, will that prohibit you from participating? _____

Portion of Trip you are able to cover? _____ Scholarship Amount Requested: _____

Have you previously received a Scholarship? _____ Amount \$ _____ Year _____

How are you currently saving and sacrificing to support your trip? _____

Please share what motivated you to pursue this trip. _____

Please share your personal expectations for this trip. How do you hope to be used by God in this experience? _____

Please describe any previous mission trips you have taken. _____

There are limited, needs-based scholarships available. Provide information, as you feel comfortable. Our goal is not to intrude on anyone's personal lives, but rather to disburse the limited funding available in the most equitable manner.

I understand that the Mission Scholarship amount will be determined by funds availability, applicant needs, and priority ranking. I will be responsible for providing the remaining funds prior to deadlines set by the team leader for my specific trip.

Signature of Applicant: _____ Date: _____

If under 18, Parent/Guardian Signature: _____ Date: _____

I verify that I have reviewed the Application for Scholarship and confirm that the trip cost is accurate and that the participation of said applicant has been discussed.

Team Leader: _____ Date: _____