



MISSIONS SCHOLARSHIP REQUEST FORM

Name: _____

Date: _____

Mission Trip Location: _____

Mission Trip Date(s): _____

Leader of the Trip: _____

Estimated Cost of the Trip: \$ _____

Amount Requested: \$ _____

- The Missions Committee will help with up to \$350 of your trip or 50%, whichever is less.
- Trip deposits must be made by you prior to receiving funds from the Missions Committee.
- Please provide a brief testimony about why you believe God is leading you to go on this mission trip and what you hope to accomplish there.

*If more space is needed, please use the back of this sheet.