

FANNIN BAPTIST ASSOCIATION
APPLICATION FOR MISSION SCHOLARSHIP FUNDS

Person/Church Making Request: _____

Address: _____

Phone Number: _____ Email: _____

Date & Brief Explanation of Mission Trip or Project:

Estimated cost of trip: \$ _____

How much money are you requesting from the FBA Mission's Scholarship Fund? _____

What will the requested funds be used for:

How are the other funds being raised (to what degree is the church contributing to the activity):

Date funds are needed: _____

Signature of Applicant _____ Date _____

Signature of Pastor _____ Date _____

Signature of Mission Chairperson _____ Date _____

Relevant Missions and Evangelism Actions

Approved: _____ Disapproved: _____ Date of Action _____

Reason for disapproval _____

Signature of Relevant Missions and Evangelism Chairperson _____

