

Mission Trip Scholarship Application

Contact Information

Name _____ Age _____ Male [] Female []

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Of which Spartanburg County Baptist Network church are you a member?

Scholarship Information

Trip Destination _____

Trip Dates _____

Goal or Aim of Mission Trip _____

Church/Organization leading mission trip _____

Mission Trip Group Leader _____

Contact Number _____

Total Cost of Mission Trip _____

Amount Raised for Mission Trip to date _____

Scholarship Amount Requested _____

Strategy for raising funds not covered by scholarship _____

Additional information you would like us to consider _____

If approved, who should the check be made to _____

Address: _____

Please attach a copy of your personal testimony and 1 letter of recommendation

Signature of Applicant _____ **Date** _____

If under 18, Signature of Parent /Guardian _____