Short-Term Scholarship Application

Please fill out this application so that we know more about you and the trip you are participating in. Feel free to attach additional sheets if necessary.

Personal Informatio	n			
Name:	Pho	ne:		
Address:	Ema	il:		
What is your relationship to	Community Church?	Member	Regular Attender	Other
If other, please expla	iin:			
What is your personal testim	iony?			
Please describe any previous	s missions experience yo	u have, if any:		
Trip Information				
Destination:		Date:		
Please describe the work that will be working with:	it you will be doing, the	people you will	be ministering to, and the	e team you
Please share your personal e experience?	xpectations for this trip.	How do you ho	pe to be used by God in t	:his
What motivated you to purs	ue this particular trip?			

Financial Information Airfare cost:			
Lodging cost:			
Personal expenses:			
Total for trip:	Amount raised so far:		
Please describe your involvement in personal	fundraising and/or team fundraising:		
Will you contribute personally to this trip?			
Recommendation Please turn in one letter of recommendation to	rom someone at Community Church		
Name:	Phone/Email:		
Report Do you agree to give a report to the Missions trip? Yes No	and Evangelism Team when you have returned from your		
Signature:	Date:		
Please complete and return 6 weeks prior to t	he departure date of the trip.		