

**Individual
Missions Scholarship Request Form
North Greenwood Baptist Church**

Date of Application _____
Are you a member of North Greenwood Baptist Church? Yes / No
Your Name _____ Phone _____
Current Address _____
Destination _____
Dates of Trip: From: _____ To: _____
Agency Sponsoring the Trip _____
 Contact Person _____ Phone _____
 Address _____
 Email Address _____

Please, state the purpose of the trip (Evangelism, Construction, Prayer Walking, etc...):

Briefly explain why you feel called to go on this mission trip: _____

Briefly explain what you will be doing on this mission trip and how you will be carrying out the Great Commission:

Total Cost of trip per person: \$ _____
Are you receiving any assistance from any other source or organization? Yes / No
How is the support for your trip being obtained _____

FOR MISSIONS COMMITTEE USE ONLY
Amount Approved \$ _____ Date _____
Missions Committee Chair _____