



Mission Project Scholarship Application

(Please attach a page to tell about your personal testimony and also about the mission trip you're going on. We also need a detailed itinerary of your trip. Submit all of these to the FBC Equipping Ministry office.)

Name _____ Date _____ DOB _____
 Address _____
 City _____ Zip _____
 Telephone Number- Home _____ Work _____
 Cell Phone _____ Email address _____

Project Description

Mission Project Title _____ Dates _____

Project Cost Projection

Airplane/bus/train cost to and from destination _____

Total Ground Cost _____

Food _____

Lodging _____

Transportation _____

Insurance _____

Other _____

Total Ground Cost _____

Other Expenses _____

Total Trip Cost _____

Scholarship Amount Requested* _____

*For non-church-sponsored trips, documentation and receipts will be required before a check is issued.

Missions Committee Use Only

Original request received by: _____ Date: _____

Committee action: _____

Committee Chairman: _____ Date: _____

Assoc. Pastor of Equipping: _____ Date: _____

Check Disbursed:

Date: _____ Check # _____ Amount _____