



## 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.

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### Missions Committee Use Only

Committee action: \_\_\_\_\_

Committee Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

Assoc. Pastor of Equipping: \_\_\_\_\_ Date: \_\_\_\_\_

Check Disbursed:

Date: \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_