



Scholarship Request Form

DATE: _____

(Check) LOCAL ___ Global ___

Name: _____ Date: _____

Phone: _____ Email: _____

Name of MISSION: _____

Mission location: _____ Team Leader: _____

Dates of Trip: _____ Purpose of Trip: _____

Total cost of Trip: \$ _____ Amount Requested: \$ _____

If Scholarship is provided, I agree to make a presentation/report to the Mission committee about the trip if requested.

Signature

FOR OFFICE USE: Mission Committee Approve / Disapprove

Date: _____

Name of Recipient: _____

Amount of Scholarship: \$ _____

Committee Member Signature: _____

Comments: _____