

## The Missions Committee of Western Avenue Baptist Church Application for Mission Scholarship

The Missions Committee is convinced that every Christian should be involved in missions on some level during their lifetime. For some, this means traveling to far away lands at great personal cost. We also believe that an individual will treasure the mission experience more if he or she makes a personal investment. Therefore, we expect the mission candidate to finance a large portion of the trip through their own efforts and not rely on the church to "pay their way."

However, the Missions Committee does want to help in some way to allow more and more people to answer the call to missions. We understand that short-term mission trip are the means by which a world vision is "caught" and the Lord will use short trips to call people to full-time mission work. Toward that end, a scholarship fund is a part of our annual budget and we will assist financially those who show a need for help. Please fill out this form and deliver it to the church office or a member of the Missions Committee at least 2 months prior to the mission trip.

### BACKGROUND INFORMATION

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Full Address (including zip code):

\_\_\_\_\_

Please give a brief testimony of your salvation and relationship with Christ:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you a member of Western Avenue Baptist Church?

Yes, include date of membership \_\_\_\_\_ No \_\_\_\_\_

If not, what church do you attend?

\_\_\_\_\_

Name of Church

Address

Pastor

Please list you past missions involvement in 1) your church, 2) your community, 3) the world:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Further questions on next side*

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## Application for Mission Scholarship *Continued*

### MISSION TRIP INFORMATION

Where: \_\_\_\_\_

When: \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

With whom (church/mission organization, etc.) \_\_\_\_\_

Others (if known) or number going with you: \_\_\_\_\_

\_\_\_\_\_

### FINANCIAL INFORMATION

Approximate personal cost of this trip: \$ \_\_\_\_\_

What does that financial amount include/not include: \_\_\_\_\_

\_\_\_\_\_

What additional financial assistance will you receive? (list amount/contributor): \_\_\_\_\_

\_\_\_\_\_

Are you currently employed? Yes, where? \_\_\_\_\_

No, \_\_\_\_\_

How much of the remaining cost can you pay? \$ \_\_\_\_\_

### IF APPROVED, PLEASE INCLUDE DETAILS OF WHERE THE SCHOLARSHIP SHOULD BE MAILED:

Name of Organization: \_\_\_\_\_

Attention: \_\_\_\_\_

Full Address/including zip code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_