White River Baptist Association Missions Scholarship Application

Please fill in the application completely to be considered for a White River Baptist Association camp, retreat, or short-term mission project scholarship. Financial information required will be held in strict confidence. Completing an application DOES NOT guarantee you will receive funds.

Camp and /or Sending Organization Na	ame	
Address		
Contact Person Name	Phone	email
Trip Destination		
Your Name	Age	Male / Female
Address		
City	State	_ Zip
Phone	Email Address	
Marital Status: Single / Married / Other	r Name of your church?	
Pastor name	Phoneer	nail
Your church status: Member / Men How long have you been attending the How are you currently partnering/servi	mber in Progress / Regular Attender church?	
	ing in ministry through your church:	
Have you participated in camp or miss. If yes, where did you go, what organization	- · ·	
Have you received a scholarship from If yes, for what, when, and what amount Employment (If a non working studen Name of Employer	nt?nt is applying, use parents informatio	
Address	Ctata	7:n
City Worked from		
	to	
Type of work performed Monthly Salary/Hourly Rate \$	Parent phone	
How much do you plan to contribute for		
Briefly give your testimony and curren	3 1	

Signature of Church staff member	Date of Application
Signature of Applicant	Date of Application
Describe your circumstances and why you are requesting this scholarship. Also, list the names of those who may support you to go to camp or on mission. Use additional pages if necessary.	

Email or txt a picture or scanned copy of this form to 260-403-7918 or mat@fxchurch.com