



GO FUND

Mission Trip Scholarship Application

The Great Commission, found in Matthew 28, commands us to go and make disciples of all nations and is at the heart of our mission's vision at Central Baptist. We are grateful for your desire to faithfully obey this command and to actively participate in serving others. We also know there are financial hardships and unforeseen life circumstances that can hinder your ability to participate in this biblical mandate. As such, we have established a process and a budget for financial assistance and scholarships for mission trips. Return the completed form to Jonathan Spears or email it to him at jspears@cbcdecatur.org.

Scholarship Information and Policy

1. The scholarship is to be awarded as payment toward the overall cost of the trip including, travel, lodging, and food. Scholarship monies cannot be used for souvenirs, personal items, or additional spending money.
2. Payment must be paid to the sponsoring organization on your behalf or reimbursed for receipted mission trip costs.
3. If the trip is canceled or the recipient is unable to participate, the scholarship funds will be returned to the Mission Fund.
4. We reserve the right to determine the scholarship amount.
5. A completed scholarship application must be completed and submitted no later than 30 days before the trip departure date.

Mission Trip Scholarship Application

Contact Information

Please fill in the application completely to be considered for a mission trip scholarship. All information will be held in strict confidence and seen only by staff and lay leadership of Central Baptist.

Name _____ Age _____ Male [☐] Female [☐]

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Love God | Love Each Other | Love the World!

Are you a member of Central _____ If “No,” what church do you attend _____

Scholarship Information

Trip Destination _____ Trip Dates _____

Goal or Aim of Mission Trip _____

Church/Organization Leading Mission Trip _____

Mission Trip Group Leader _____ Contact Number _____

Total Cost of Mission Trip _____

Scholarship Amount Requested _____ Have You Requested a Scholarship Before _____

Any additional Information You Would Like Us to Consider _____

How can we be praying for and with you regarding your trip _____

If approved, who should the check be made to _____

Address where to send it _____

Signature of Applicant _____ **Date** _____

Internal Use Only

Date Received { } Approved { } Total Amount { } Date Paid { }