

Trip Location and date: _____

Application Date: _____



serve
MISSIONS

Mission Trip Scholarship Application

wcchapel.org/missions

Name of Applicant traveling on the Mission Trip: _____

Date of Birth: _____ Phone: _____

Parent/Guardian (if under 18): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: home _____ cell _____ work _____

E-Mail Address: _____

How long have you attended Williamsburg Community Chapel ? _____

How often do you attend? Weekly Monthly

Are you: a Church member Regular Attendee Casual Attendee

Please give a brief overview of circumstances that make it difficult for you to cover the full cost of the trip. Check any that apply and write whatever explanation you feel comfortable providing:

- Current income level doesn't support the full cost of the trip
- Single parent
- Loss of job or cut in salary
- I am hoping to take multiple family members on the trip and unable to cover the cost for all
- Other(examples: you must take unpaid vacation; unusual medical bills or other financial hardships.)

Dates of trip: _____ Destination: _____

Trip purpose: _____

Trip Location and date: _____

Application Date: _____

Please share your personal expectations for this trip. How do you hope to be used by God in this experience?

Please share a bit as to what motivated you to pursue this trip.

Please describe any previous mission trips you have taken.

Total cost of trip \$ _____ Have you paid the deposit? _____ How much? \$ _____

Portion of trip you are able to cover \$ _____ Amount you are requesting \$ _____

Have you previously applied for a scholarship? _____ Did you receive funding? _____

Have you sent out letters requesting support? _____ What type of responses have you received
