

**CBCCOC 2015 Mission Scholarship Application Form**

(Please print legibly. Complete all questions. Submit completed application to Mission Committee.)

Member of Chinese Baptist Church Of Central Orange County

First-time regional or international mission trip

Need funding in order to participate

- |   |     |    |
|---|-----|----|
| • Are you working full time   | Yes | No |
| • Are you a full time student or only work part time                    | Yes | No |
| • Are you requesting financial support that exceeds the maximum amount? | Yes | No |

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone(s) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Email \_\_\_\_\_

Have you previously been on a mission trip? Y / N

If so, where? \_\_\_\_\_

When? \_\_\_\_\_

Which mission trips are you interested in participating?

\_\_\_\_\_

Please explain your interest in this particular mission trip. (If more space is needed, please continue on back.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any medical restrictions? Y / N

If so, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide three adult references. One should be from a church staff member or Sunday school teacher.

Name	Telephone	Email Address

\_\_\_\_\_ I understand that the mission scholarship will cover a maximum of 1/3 of the trip cost, and I will be responsible for providing the remaining funds prior to deadlines set for my specific trip.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

<p>MISSIONS COMMITTEE ACTION</p> <p>____ Approved (amount and special conditions): _____</p> <p>Not Approved: _____</p> <p>Committee Chair / Member: _____ Date: _____</p> <p style="text-align: right;">Committee Use</p> <p style="text-align: right;">Rec: ____/____/____</p>
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