

**Mission Trip Scholarship Application**  
**The First Church of Nashua, NH**

**For Office Use Only**

Date application received: \_\_\_\_\_ Amount  
approved: \$ \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Mission Trip requested: \_\_\_\_\_ Date of Mission Trip: \_\_\_\_\_

Expected cost of Mission Trip: \$ \_\_\_\_\_

Estimated personal contribution: \$ \_\_\_\_\_ Family contribution: \$ \_\_\_\_\_

Specific amount requested: \$ \_\_\_\_\_

What other sources of funding are you pursuing? \_\_\_\_\_

Which fund raising activities will you be participating in? \_\_\_\_\_

Please check one:  Member  Staff  Non-member

Have you ever received financial support from First Church for a mission trip?

Yes  When? \_\_\_\_\_ No

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

\_\_\_\_ Current income level doesn't support such travel

\_\_\_\_ College student

\_\_\_\_ Must take time off from work without pay due to lack of available paid vacation

\_\_\_\_ Child(ren) in college

\_\_\_\_ Single parent

\_\_\_\_ Other: \_\_\_\_\_

Explanation(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your request is approved, we ask that, upon completion of mission trip, you write and submit to the Mission Trip Task Force a one-page letter about your experience. If you agree to submit this letter, please sign your name in the space provided.

Signed \_\_\_\_\_ Date \_\_\_\_\_