

Mission Trip Scholarship Application
UCC First Church of Nashua, NH

For Office Use Only

Date application received: _____ Amount approved: \$ _____

Date applicant notified of decision: _____

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 _____