

**Group
Missions Scholarship Request Form
North Greenwood Baptist Church**

Date of Application _____
 Leaders Name _____ Phone _____
 Email Address _____
 Destination _____
 Dates of Trip: From: _____ To: _____
 Agency Sponsoring the Trip _____
 Contact Person _____ Phone _____

Please, state the purpose of the trip (Evangelism, Construction, Prayer Walking, etc...):

Total number of Participants _____

List Participants

Name	Age	Cell Number	NGBC Membership
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

(Use the back for additional names)

Total Cost of trip per person: \$ _____
 Are you receiving any assistance from any other source or organization? Yes / No

FOR MISSIONS COMMITTEE USE ONLY

Amount Approved Per Member \$ _____ Date _____
 Amount Approved Per Non-Member \$ _____ Date _____
 Missions Committee Chair _____