



VOLUNTEER SCHOLARSHIP REQUEST

Name _____ Date _____

Address _____ Birthdate _____

Phone _____ E-Mail _____

Church Affiliation - _____

Why do you hope to go on this mission trip? _____

Dates that you are free to go? _____ Is this your first trip? _____

What are your talents for mission work and your experience?

How much financial aid do you need? _____

Others you will ask: Your home church ____; family members ____; friends ____; work ____.

If you are a student, what will you do to earn some of the cost? _____

Other comments

Signature

DSP may be able to provide up to 50% of the trip cost depending upon the number of applicants.

This confidential form will be viewed by the Scholarship Committee only.