



**FBC**  
*The Downtown Church*

*A place for grace. A place for all. A place for you!*

## Mission Scholarship Application

Please fill in the application completely to be considered for a mission scholarship. Completing an application does not guarantee you will receive funds. Please return your application to First Baptist Church, 301 E. Capitol Ave, Jefferson City, MO, 65101.

Trip Destination _____	Trip Dates _____
How much is the total trip cost? _____	Specific Amount Requested _____

Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

How long have you been a member of First Baptist? \_\_\_\_\_

How are you currently involved as a member of First Baptist? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you participated in a mission trip with First Baptist previously?  Yes  No

If yes, where did you go and when? \_\_\_\_\_

\_\_\_\_\_

Have you received a scholarship from First Baptist before?  Yes  No

If yes, when and how much? \_\_\_\_\_

**Continues ...**

**Describe your circumstances and why you are requesting this scholarship.**

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**Signature of Applicant**

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**Date**