

# ***NORTHWOOD CHRISTIAN CHURCH***



## **MISSION SCHOLARSHIP REQUEST**

**Date:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_  
City State Zip

**Home phone:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date of trip:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Date funds needed:** \_\_\_\_\_

**Mission Organization:** \_\_\_\_\_

**Cost of trip:** \_\_\_\_\_

**Amount you can afford/provide:** (-) \_\_\_\_\_

**Estimate on fund-raising:** (-) \_\_\_\_\_

**Amount of funds requested:**

**Are you a member of Northwood Christian Church?\*** Yes \_\_\_\_\_ No \_\_\_\_\_

**If you are not a member, what is your affiliation with Northwood and/or who referred you?** \_\_\_\_\_

*Please complete other side of this form*

\*Members of our congregation and their immediate family will receive priority in consideration for limited scholarship funds. You must be seeking a spiritual experience and providing a Christian outreach service that will benefit others.

