



# Mission Trip Scholarship APPLICATION

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

Address: \_\_\_\_\_

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

Phone: (    ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Church Name: \_\_\_\_\_ City \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Is this your first mission trip?  Yes  No

Total Cost of the Trip: \$ \_\_\_\_\_ Date Trip Begins: \_\_\_\_\_ Date You Return: \_\_\_\_\_

Please describe the mission trip including major goals of the trip, location and sponsoring organization:

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How do you believe will this trip make Disciples for Christ for the Transformation of the World?

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What other sources of support have you developed for this trip? \_\_\_\_\_

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I certify that all the information provided in this application is accurate and complete. I also authorize the Heartland Methodist Foundation to release my name to the donor, or their authorized representative and agree to provide a written acknowledgment to the donor following my trip

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

**Scholarship application deadline is April 1<sup>st</sup> for Spring grants or October 1<sup>st</sup> for Fall grants.** (Any exception to this is by approval of the HM Foundation Gifts & Grants Committee). You will receive notification of grant action in June (spring) or December (fall).

Send Application and Documentation to:  
**Heartland Methodist Foundation**  
**8401 Fishers Center Drive. Fishers, IN 46038**

**(For Foundation use only)**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Committee Recommendation: \_\_\_\_\_ Decline \_\_\_\_\_ Approve - Amount \$ \_\_\_\_\_

Date: \_\_\_\_\_ Gifts & Grants Chair Signature: \_\_\_\_\_

Check # \_\_\_\_\_ Check Date \_\_\_\_\_ Account # \_\_\_\_\_