



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:

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

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

I certify that all the information provided in this application is accurate and complete. I also authorize the United Methodist Foundation of Indiana, Inc. 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 1st for Spring grants or October 1st for Fall grants. (Any exception to this is by approval of the UMFI Gifts & Grants Committee). You will receive notification of grant action in June (spring) or December (fall).

Send Application and Documentation to:
United Methodist Foundation of Indiana, Inc.
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 # _____