

Application for Short Term Mission Trip Scholarship

Short-Term Trip Destination and Date: _____

Trip Leader: _____

Participant Information

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail: _____

Church Involvement

How long have you been a member of WHPC?

Please describe your past and present involvement in church.

Short-Term Mission Information

Why are you interested in going on this particular short-term mission trip?

Briefly describe the mission and ministry of which you will be a part during the trip. What do you hope to learn? What contribution do you hope to make?

Briefly indicate your personal goals for this trip.

Are you willing to become a permanent member of this or another mission team participating throughout the year in study, prayer and other on going activities? _____

Financial Information

Total cost of the trip:

Support requested from WHPC (maximum of 50%)

What is your plan for funding the balance of the trip?

References:

Please provide a letter of recommendation from the leader of the proposed Short Term Mission Trip.

Signature: _____ **Date:** _____

Return to:

Mission Pastor and Mission Committee

7127 Bee Caves Road

Austin, Texas 78746

512-327-1116 Fax: 512-328-4238