

ICYC 2019-2020 Mission Scholarship Application

After completing this form, please send to:

ICYC % Travis Fox, Auburn Church of Christ, 1103 S Jackson St, Auburn, IN 46706 or email to auburn_ym@yahoo.com

Applications must be postmarked (or emailed) by January 24, 2020

First Name _____ Middle Initial _____ Last Name _____

Date of Birth ____ / ____ / _____ Current Grade _____ Phone (_____) _____ - _____

Home Church Name _____

Home Church Address _____
Street Address City State Zip

Minister _____ Minister's Phone (_____) _____ - _____

Mission Trip Request

Trip Location _____
City State or Country

Total Cost of Trip \$ _____ Trip Dates _____ Date Funds Needed _____

Church/Organization leading trip _____

Address of Organization _____
Street Address City State Zip

Trip Leader _____ Leader's Phone (_____) _____ - _____

Describe your mission trip*: _____

Describe cross-cultural experiences you'll have*: _____

Personal Expectations

Why do you want to go on this mission trip?* _____

What do you want to see God do in your personal walk with Christ as a result?* _____

Approval Signatures (both required for consideration)

Signature of Parent or Legal Guardian

Signature of a Minister at Home Church