

ICYC 2018-19 MISSION SCHOLARSHIP APPLICATION

After completing this form, please mail it to:
ICYC, % Travis Fox, Auburn Church Of Christ, 1103 S Jackson, Auburn, Indiana 46706 or email to auburn_ym@yahoo.com

Applications are DUE by February 1, 2019.

First name: _____ Middle initial: _____ Last name: _____

Date of birth: ___/___/____ Current grade: _____ Phone: () _____ - _____

Home church: _____
Church name City

Church Address: _____
Street address

_____ City State ZIP

Trip Leader: _____ Leader Phone: _____

• MISSION TRIP REQUEST:

Total cost of the trip: \$ _____ Trip dates: _____ Date funds needed: _____

Trip with home church? Yes _____ No _____

If no, name of church/mission leading trip: _____

Describe your mission trip: _____

Describe cross-cultural experiences you'll have: _____

City: _____ Nation: _____

• PERSONAL EXPECTATIONS:

Why do you want to go on a 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 minister at home church