

First Baptist Church, Covington Missions Scholarship

For current members of First Baptist Church, Covington

Name: _____ Date of Birth: _____ Application Date: _____

Address: _____ City: _____

Phone: _____ Email: _____

Mission trip you are interested in: _____

Why you want to go on this mission trip?

Briefly share your salvation testimony

How much are you requesting? _____

What else are you doing to fundraise for the mission trip?

**Maximum of \$500 per calendar year for each applicant. Funds are dependent on availability.

To Be Completed By Church Office

Amount Given: _____

Signature of Financial Administrator: _____

Signature of Missions Pastor: _____