

Sugarloaf United Methodist Church
Beyond the Walls
Scholarship Application 2009

Please Print Clearly

Name _____

Address _____

City _____ State _____ Zip _____

Phone (h) _____ (w) _____ (c) _____

E-mail Address _____

Sugarloaf UMC Involvement: Member _____ Regular Attendee _____ Other _____

Active In _____

Previous Mission Experience _____

Mission Trip that scholarship is needed for? _____

Dollar Amount applying for _____

I agree to commit to the following (please check all that apply)

_____ Write a minimum of 20 support letters.

_____ Will actively participate in any team fundraising activities,

_____ Will attend all team meetings.

I understand I am required to pay the initial deposit for the trip which is nonrefundable. I understand that the scholarship will be determined by availability and applied toward my final balance when that balance is due.

My signature below acknowledges and agrees to all of the above.

Signature

Date