



**ABCCONN**  
**DEPARTMENT OF MISSIONS AND STEWARDSHIP**

**MISSION SCHOLARSHIP**

ABCCONN'S Department of Mission and Stewardship has established a process and a budget for financial assistance for four scholarships of \$500.00 each for mission trips. All scholarship applications must be submitted for consideration to the mission scholarship committee of the Department of Mission and Stewardship.

**APPLICATION INFORMATION:**

1. The purpose of the Mission Trip Scholarship is to help and encourage disciples of any of our participating ABCCONN churches to participate in short-term mission trips.
2. All funding is contingent upon the availability of designated funds for this particular budgeted item for a calendar year. Scholarships will pay up to \$500.00 per person toward a mission trip. The scholarship is offered once per year.
3. Within two weeks following the Mission Trip, applicant must submit to the committee a brief written testimony of the trip, how the trip impacted the lives of the people encountered and how the trip impacted his or her life.

**POLICY:**

1. The scholarship will be awarded as part of the final payment toward the trip
2. The scholarship cannot be received as cash or given directly to an individual. Payment must be paid to the sponsoring organization on your behalf.
3. If the trip is canceled or you are not able to participate, the scholarship will not be redeemable toward your next trip, nor are you in position to transfer the scholarship to another person. A decision pertaining to such funds will be made by the scholarship committee.
4. In order to be eligible for this scholarship, you must be an active participant at any one of our participating ABCCONN Churches for at least, one year.

**APPLICATION PROCESS:**

1. Complete the Mission Trip Scholarship Application, providing information that you believe will be useful to the committee in consideration for the scholarship.
2. Please note: Applications for the Mission Trip must be completed and submitted to the committee at least 8 weeks prior to the date the final payment is due.

**MISSION TRIP SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address:  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Church:  
\_\_\_\_\_

Pastor: \_\_\_\_\_ Contact No. \_\_\_\_\_

How long have you been an active participant of this church: \_\_\_\_\_

Are you involved in any ministries and or classes? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which ones?  
\_\_\_\_\_  
\_\_\_\_\_

**POINTS OF INTEREST**

Please share your personal expectations for this trip. How do you hope to be used by God in this experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please share a bit about what motivated you to pursue this trip.

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Why are you seeking assistance with the cost of this trip (please share what you are comfortable with)

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Submit completed form to:

Sheila Mayer  
155 Deerfield Dr  
Stratford, CT 06614-2726  
deosorios@aol.com