

**Application for Financial Assistance from the
Mission Scholarship Fund**

Fort Collins First United Methodist Church

Name _____

Address _____

Email _____ Phone _____

Mission Trip seeking assistance for _____

Amount Requested \$ _____ Total Amount of Trip \$ _____

Previous Mission Experience

Your Purpose and Intention for this Mission Trip _____

Do you plan to do additional fundraising? In the church? Outside the church? Please explain.

Detail any physical or medical limitations pertinent to this trip _____
