

Please complete this form and return to the Church Office

APPLICATION FOR MISSION SCHOLARSHIP  
From  
FIRST UNITED METHODIST CHURCH  
64 West Chocolate Avenue  
Hershey, PA 17033

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Your Affiliation with First Church:

\_\_\_\_\_  
Member, friend, relative of member, etc.

Destination of mission event or trip:

\_\_\_\_\_

What is the total cost to you as an individual? (Transportation, lodging, meals, participation fees, etc.)

\$ \_\_\_\_\_

What have you done to help fund your expenses?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Write, or attach, any additional information that you believe might be persuasive in granting a scholarship.

Thank you,  
The Mission Committee