

APPENDIX F

Rainsville First Baptist Church

P.O. Box 585, Rainsville, AL 35986

Date Received _____
Deposit Received _____
Application Approved _____

Scholarship Request for a Non-RFBC Mission Trip

PERSONAL INFORMATION

Name: _____

Address: _____

Cell Phone: _____ E-Mail: _____

Tell us about this mission adventure:

Who is the sponsoring church or mission organization? _____

When is the trip? _____

Where is the mission trip to? _____

Please describe the ministry you will have on the field, if known.

What prompted you to go on this mission trip?

How much is the total cost of the trip? _____

Your name: _____

Your signature: _____ Date ___/___/___