

Des Moines First
Missions Trip Scholarship Application

Our desire is to make it possible for eligible individuals to experience a short-term missions trip by providing an opportunity to receive a scholarship for financial assistance. The information that you provide below will be kept confidential and will help us determine how we can best assist you. The amount of scholarships awarded will be based on availability of funds and approval of your trip application.

Contact Information (please print)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Is this your first missions trip? ___yes ___no. If no, please list the missions trips you have taken.

Briefly share why you feel led to go on this missions trip:

Do you currently attend DSM First? ___yes ___no

If you do not attend DSM First, what is your connection with our church and where do you currently attend?

How much money do you need to raise? _____

What other methods are you using to finance your trip? (e.g., personal savings, donations from others, etc.)

List three references: (a pastor, a Christian adult, a peer)

Name, Address & Phone #

1. _____
2. _____
3. _____

Trip Destination _____ Trip Dates _____

Trip Cost \$ _____

Amount of scholarship requested:

\$ _____

Please sign and return this form to: DSM First Missions, 2725 Merle Hay Rd., Des Moines, IA 50310. We will notify you by email to let you know if your scholarship has been approved.

Signature

Date

OFFICE USE ONLY

Date Received: _____

Amount Approved: _____

Approved By: _____

Date Notified of Amount: _____