

# CLBC Mission Scholarship Application

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Age Group (check one)

Student  
 College  
 Adult

Mission Trip (check one)

State  
 National  
 International

Date(s) of Trip - \_\_\_\_\_

Purpose of Trip - \_\_\_\_\_

Cost of Trip: \$ \_\_\_\_\_ How much do you have for the trip? \$ \_\_\_\_\_

Are you willing to share a written report within two weeks after you return home?  Yes  No

Have you received scholarship assistance through CLBC before and if so, when? \_\_\_\_\_

Why do you want to participate as a team member for this mission trip?

How do you see this experience impacting your life?

Share briefly your Christian story.

**Note: Applications must be submitted 90 days before date of trip.**