



Missions Application

You must be a member of MVBC to apply for Scholarship;
If you apply you are required to do a minimum of 10 support letters.

Project Name: _____ Dates: _____

Name: _____ Member of MVBC: Yes / No

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H): _____ (W): _____ (C): _____

Email address: _____

Emergency Contact: _____ Phone: _____

Address: _____

Alternate Phone(s): _____

Family Physician: _____ Phone: _____

Address of Physician: _____

Name of Insurance Company: _____ Policy #: _____

Insurance Company Phone: _____

Please share your reason(s) for desiring to go on this trip:

What are your personal goals and objectives concerning this trip?

Please list any past missions experience:

Do you speak any languages other than English? If so, which ones and how well?

Please note any medical or dietary needs or limitations:

(Over)

Please complete this section for projects outside the U.S.

Do you have a current passport? _____ Number: _____
Exp. Date: _____

Note: You must have a current passport to go on any mission trip outside the U.S. If you do not have a current passport, please apply for one immediately.

Have you received information on recommended vaccinations? Yes: _____ No: _____
List current vaccinations:

This section for MVBC members only:

Are you requesting financial assistance for this trip from MVBC? Yes: _____ No: _____

Please complete this section if you are requesting financial assistance for the project.

Total cost of project: _____

Reason for request:

How many people in your family are going on the trip? _____

What other means of financial support are you pursuing?

Signature: _____ Date: _____
(Participants over 18 or Parent/guardian)