

Mission Trip Scholarship Application

For Members of MMBA Churches

Scholarship Guidelines

1. Applicants must be members in good standing of a participating MMBA church and come recommended by their pastor. If applicants are taking part in a mission trip sponsored by another participating MMBA church, they must also be approved by that church's pastor.
2. Preference will be given to mission trips that are part of a demonstrated, long-term, relationship-building mission project as opposed to a one-time-only mission trip.
3. Applicants and pastors must fill this application form in its entirety.
4. Consideration for scholarships will include factors such as the cost of the trip, need, merit, and the confidential recommendation of the mission trip's sponsoring church pastor.
5. Scholarship MAXIMUMS:
 - The MAXIMUM amounts for scholarship are \$400 for international trips and \$200 for trips in the USA.
 - The MAXIMUM total grant amount for one mission trip is \$1,200.
 - The MAXIMUM total grant amount for a single church per year is \$1,200.
 - Individuals may apply for only one scholarship per year.
 - Total grants shall not exceed the Association's designated funds and budgeted amounts.
6. Scholarships will be paid to the sponsoring church to be applied to individual member expenses.
7. The decision to award scholarships will rest totally with the OMC, with full discretion to approve or deny applications and to set the amount of the scholarships within these guidelines. The OMC's decision will be final.
8. Mission trip leaders agree to help hold Scholarship Applicants accountable to send the MMBA some brief feedback concerning their mission trip experience upon their return from the trip (e.g., how they saw God move, how they may have changed, how they will carry their experience into their lives back at home, etc.).
9. MMBA churches whose members have benefited from this scholarship program are **STRONGLY ENCOURAGED** to set up a table or display at the MMBA Annual Meeting to celebrate God's work through our churches. (The Annual Meeting is held on the 1st Sunday evening in October at an MMBA church.)
10. Scholarship applicants and churches agree to these guidelines as part of the application.

Mission Trip Scholarship Application

Personal Information

Name of Applicant: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Member of What Church: _____

Name of Church's Lead Pastor: _____

Pastor's Phone Number: _____ Pastor's Email: _____

Please attach a brief statement explaining why you wish to be a part of this mission trip.

Do you agree to send feedback concerning this mission trip experience to MMBA via email or mail? _____ Yes _____ No

I have read the scholarship guidelines and agree to the terms. _____ Yes _____ No

Signature of Applicant: _____ Date: _____

Sponsoring Church Information

Name of Applicant: _____

MMBA Sponsoring Church: _____

Street Address of Sponsoring Church: _____

City: _____ State: _____ Zip: _____

Phone of Sponsoring Church: _____

Email of Sponsoring Church: _____

Trip Destination: _____ Approximate Trip Cost: _____

Mission Trip Leader: _____

Leader's Phone Number: _____ Leader's Email: _____

After this trip, I agree our Mission Trip Team Leader will hold scholarship applicants accountable to send feedback concerning the mission trip experience to MMBA. ____ Yes ____ No

Signature of Sponsoring Church Pastor: _____ Date: _____

All documentation can be sent via email to dom@midmarylandba.org or via mail to MMBA, % CrossLife Community Church, 6625 Selnick Drive, Suite B; Elkridge, MD 21075.

Approval (CONFIDENTIAL) Sponsoring Church Pastor Recommendation

Instructions: Pastor, please make sure the application is complete, fill out your recommendation below, and send via email to dom@midmarylandba.org or via mail to MMBA, % CrossLife Community Church, 6625 Selnick Drive, Suite B; Elkridge, MD 21075.

_____ I recommend this applicant without reservation.

_____ I recommend the applicant with some concerns. Specify in the Comments.

_____ I cannot, in good conscience, recommend this applicant. Specify in the Comments.

Comments:

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

OMC Approval

Approved: ____ YES ____ NO

Considerations: (Please specify.)

Amount: _____