



STUDENT APPLICATION FOR MISSION GRANT

Date of application: _____

Name of student: _____

Mailing address: _____
Street

City _____ Province _____ Postal Code _____

Email: _____ Home phone: _____

Cell phone: _____ Email: _____

Age: _____ Your school: _____

Name of your church/city: _____

How long have you attended this church? _____

Mission project you wish to participate in: _____

Date of mission project: _____

Total cost to you: \$ _____ Amount of grant you're requesting: \$ _____

The purpose of this project is : (6 lines max)

Personal reference:

Name: _____

Address: _____
Street

City _____ Province _____ Postal Code _____

Email: _____

Home phone: _____ Cell phone: _____

FOR OFFICE USE ONLY: Approval amount: \$ _____ Report sent in: _____