

# Georgia District Youth Department

## 2018 Mission Trip Scholarship Application



*\*Please legibly Print or Type on the Application using Black or Blue Ink*

### Personal Information

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street  
City State Zip

#### Phone Numbers

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's Phone #: \_\_\_\_\_

### Mission Trip Information

Which AYC Mission Trip are you planning to attend? \_\_\_\_\_

What is the cost of attending? \_\_\_\_\_

### District Participation

Which GDYD Events have you attended in the past 12 months (circle all that apply):

*Hyphen Retreat, Teen Camp, Senior Camp, All State Youth Choir, eXtreme Weekend*

Did you participate in a Sheaves For Christ Fundraiser last year? \_\_\_\_\_

If so, please list the fundraiser & your role: \_\_\_\_\_

Did you personally give the Sheaves For Christ last year? \_\_\_\_\_

### Essay

Please type essay on a separate sheet of paper. Express your reasons in 100 - 250 words of why you feel a desire to participate in a Mission Trip. Include how you feel this experience could affect the course of your life.

### Signatures

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Application Instructions

Please submit your Application & Essay to the GDYD by **March 31, 2018**.

You may choose one of the following ways to submit: (1) Mail: 631 Ralph Road, Conyers, GA 30094  
(3) Email: theGDYD@gmail.com

Please make sure the application is completed, including all personal information, pastor's signature, proof of acceptance in the trip, and the essay.