

APPLICATION FOR
DR. ROBERT CLARK MISSION SCHOLARSHIP
TAYLOR COUNTY BAPTIST ASSOCIATION

Return to:
Taylor County Baptist Association
P.O. Box 298
Campbellsville, KY 42718

Name: Last _____	First: _____	Middle _____
Street _____	City _____	State _____ Zip _____
E-Mail _____	Phone _____	
Date of Request: _____	Date of Birth: _____	Gender: Male _____ Female _____

Notice: Monetary value of scholarships awarded is based upon number of applications received and funds available.

How many times have you gone on mission trips: This is my first This is my second This is my third More than three
How many times have you received a scholarship from Taylor County Baptist Association?
None One Time Two times Three or more

Marital Status: Single Divorced Widowed/or Widower Married Separated Engaged
Name of Spouse: _____ # of Children _____ Ages range from _____ to _____
Your General Health: Excellent _____ Good _____ Fair _____ Poor _____

Mission Trip:
Where: _____
What Group/Agency: _____
When: _____
Purpose: _____
Why did you choose this mission? _____

Please Read		
Many insurance companies do not cover trips outside the United States. It is highly recommended that if you are taking an international trip that you purchase insurance to cover any medical expenses that might occur outside the United States such as hospital stays, operations, emergency medical flights back to the United States, etc. If your current insurance does not cover these expenses then you can purchase them for the short time you will be outside the United States.		
DO YOU HAVE HEALTH INSURANCE COVERAGE:	YES _____	NO _____
DO YOU HAVE LIFE INSURANCE	YES _____	NO _____
DO YOU HAVE DISABILITY INSURANCE	YES _____	NO _____
DO YOU HAVE HEALTH INSURANCE FOR THIS TRIP	YES _____	NO _____

CONTACT PERSON IN CASE OF EMERGENCY

Last _____ First _____ Middle _____
Street _____ City _____ State _____ Zip _____
E-mail _____ Phone _____ cell # _____

CHURCH NAME: _____

City _____ State _____ Zip _____
Phone _____ e-mail _____

HOW DO YOU CURRENTLY USE THE ABILITIES GOD HAS GIVEN YOU IN YOUR LOCAL CHURCH?

TRIP COST (give estimate if exact price is not known)

NOTE: souvenirs & side trips are not considered cost of the mission trip

Package price _____	Mission support (not including Taylor County Baptist Association)
Transportation price _____	Home Church _____
Lodging _____	Fund Raisers _____
Food _____	Other Sources _____
Other _____	
Total Cost _____	Total Support _____

THIS PART FILLED OUT BY MISSION SCHOLARSHIP COMMITTEE

Mission Scholarship Granted _____

(Money should be returned if trip is not taken unless you are given permission by committee not to return money.
Each decision will be handled on a case-by-case basis)

RECOMMENDATION OF THE PASTOR _____

