

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 _____

RECOMMENDATION OF THE PASTOR _____

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)