

**Paul and Judy Fulks  
Mission Trip Scholarship Fund  
Application  
PO BOX 1019  
Parkersburg, WV 26102  
Return by April 1, 2017**

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**CHURCH INFORMATION**

Are you a Member of an WVBC Church? \_\_\_\_\_ Yes \_\_\_\_\_ No

Church Membership \_\_\_\_\_ Association \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**TRIP INFORMATION**

Mission Trip \_\_\_\_\_

Trip Leader \_\_\_\_\_

Trip Dates \_\_\_\_\_

\_\_\_\_\_ WVBC Endorsed \_\_\_\_\_ WVBC Sponsored

**TRIP GOALS**

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**FINANCIAL INFORMATION**

Total Trip Cost \$ \_\_\_\_\_

Financial Resources

Personal \$ \_\_\_\_\_

Church Aid \$ \_\_\_\_\_

Friends & Family \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

**CERTIFICATION**

I certify that the information on this form is true and correct to the best of my knowledge and belief. I agree, if requested, to provide documentation to support the information on this application.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PASTOR'S RECOMMENDATION**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_