

Paul and Judy Fulks
Mission Trip Scholarship Fund
Application
PO BOX 1019
Parkersburg, WV 26102

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

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

Signature _____ **Date** _____