Paul and Judy Fulks
Mission Trip Scholarship Fund
Application

PO BOX 1019
Parkersburg, WV 26102

Return by April 1, 2019

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_____

February 2019