



Church of the Holy Apostles

Mission Scholarship Application

Please complete the application to be considered for a mission scholarship. Completing an application does not guarantee you will receive funds.

Trip Destination _____ Trip Dates _____

Name _____ Age _____ Male / Female

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Marital Status: Single/Married/ Other

COTHA Member? Member / Member in Progress / No

How long have you been attending COTHA? _____

How are you currently serving in ministry through COTHA? _____

Have you participated in a mission trip at COTHA previously? Yes/No

If yes, where did you go and when? _____

Have you received a scholarship from COTHA before? Yes / No

If yes, when? _____

Have you participated in a mission trip with another church previously? Yes / No

If yes, where did you go, with which church, and when? _____

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