

CBC Mission Support Application

Applicant Name: _____ Today's Date: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Are you currently a member of CBC? If not, where? _____

How long have you been a member? _____

What mission trip will you be applying this scholarship toward? _____

Would you like to speak to our Missions Leadership Team about your trip/activity? _____

Cost of the trip: _____

Amount you plan to pay: _____

Amount requested: _____

Date Payment is due: _____

Applicant Signature: _____

For Missions Leadership Team Only

Amount approved: _____

Missions Leadership Team Representative: _____

Date sent to Financial Secretary to be processed: _____