

**Pioneer Baptist Association  
Mission Scholarship Application**

*Please complete the application to be considered for a mission scholarship. Financial information required will be held in strict confidence. Completing this application does not guarantee you will receive funding. Completed applications should be sent to:*

*PBA Mission Scholarship Application  
108 Cadle Drive  
Cross Lanes, WV 25313*

Mission Opportunity Destination: \_\_\_\_\_

Mission Opportunity total cost: \_\_\_\_\_

Mission Scholarship Amount requested: \$\_\_\_\_\_

Mission Opportunity Dates: \_\_\_\_\_

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

Check one:  Male  Female

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Cell# if different: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check Marital Status:  Single  Married  Other

Pioneer Baptist Association Church you attend: \_\_\_\_\_

Check Church Involvement:  Member  Regular Attender

How are you currently serving at the church listed above:

\_\_\_\_\_  
\_\_\_\_\_

Have you participated in a mission opportunity before? \_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you received a mission scholarship from the Pioneer Baptist Association before?: \_\_\_ Yes \_\_\_ No If yes, when?: \_\_\_\_\_

Describe your circumstances and why you are requesting this mission scholarship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**For Administrative Team Only**

Date Application Received: \_\_\_\_\_

Date Application Reviewed: \_\_\_\_\_

Administrative Team Decision: \_\_\_\_\_

Scholarship Amount if Approved: \$\_\_\_\_\_