



Lutheran Women's Missionary League—New England District Short-Term Mission Trip Scholarship Application

Please return completed application to:

Mary Anne Hansen LWML-NED Vice President of Gospel Outreach via
email to mabhansen71@gmail.com

Name of Applicant: _____

Applicant Address: _____
street city state zip code

Applicant Phone Number: _____

Applicant Email Address: _____

Home Church: _____

Church Address: _____
street city state zip code

Pastor: _____

Dates of Mission Project: _____

Describe the purpose of the mission project: _____

Describe your motivation for participating in this mission project:

Pastor's Recommendation: (or on a separate page) _____

Pastor's Signature

Upon my return from the mission project, I agree to share my experiences with the district organizations and/or churches and other groups when reasonably requested.

Applicant's Signature Date

Lutheran Women's Missionary League-New England District
Financial Data Form

Individual applicant, please complete the following:

Anticipated Total Cost of Trip: _____

Resources

Subsidy from Sponsoring Organization: _____

Other Scholarships/Grants/Donations: _____

Anticipated Fundraising: _____

Total Resources _____

Group applicant, please complete the following:

Anticipated Total Cost of Trip: _____

Number of Participants: _____

Resources

Subsidy from Sponsoring Organization: _____

Other Scholarships/Grants/Donations: _____

Anticipated Fundraising: _____

Total Resources _____

Signature of Applicant

Date