

# APPLICATION FOR A SCHOLARSHIP FOR A MISSION TRIP

The Church at Arrowhead

After completing this form, please return it to Shanna Conroy, Office Manager, c/o The Church at Arrowhead 7902 W Union Hills Dr. Glendale, AZ 85379, email to [sconroy@tcaa.com](mailto:sconroy@tcaa.com) or fax 623-572-1244

**PLEASE PRINT LEGIBLY**

Today's Date \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b> <input type="checkbox"/> Approved \$ _____ <input type="checkbox"/> Not Approved
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- Mission Trip Expense Request:  
Total cost of mission trip: \$ \_\_\_\_\_ Trip dates: \_\_\_\_\_ Funds needed by: \_\_\_\_\_  
If not a TCAA project, where should the monies be sent? Provide full address and contact information?  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Funds will be sent to organization hosting the mission trip

**Please attach or send an electronic copy a list of your support letter and a list of at least 10 people that you have contacted for prayer and/or financial support.**

- Are you a current or previous member of TCAA? Yes \_\_\_\_ No \_\_\_\_ How long? Years \_\_\_\_ Months \_\_\_\_  
Please provide the names(s) of TCAA members and/or references associated with TCAA.  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
How do you know the reference i.e Pastor, small group leader... \_\_\_\_\_  
How long have you known the reference? \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
How do you know the reference i.e pastor, small group leader... \_\_\_\_\_  
How long have you known the reference? \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
How do you know the reference i.e Pastor, small group leader... \_\_\_\_\_  
How long have you known the reference? \_\_\_\_\_
- Is this project sponsored by TCAA? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If not a TCAA project**, please provide the name of a Christian organization and trip leader that you or this project is affiliated with, along with a contact name and daytime phone number:  
Organization \_\_\_\_\_ Phone \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_

- Describe your mission trip: \_\_\_\_\_  
\_\_\_\_\_  
Describe the cross-cultural witness you will be doing: \_\_\_\_\_  
Which un-reached, un-evangelized, or un-churched peoples will be impacted by your ministry? \_\_\_\_\_  
\_\_\_\_\_ What city? \_\_\_\_\_ What nation? \_\_\_\_\_  
Is the Christian church persecuted for practicing their faith in this area? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please complete other side.....**

