

MISSION TRIP SCHOLARSHIP APPLICATION

Please email your Application & Essay to the GDYM by **March 31** to **hello@georgiayouth.org** Please make sure the application is completed, including all personal information, signatures, proof of acceptance in the trip, and the essay.

Name:				
ivaille.	Last	First		Middle
Mailing Address:	Street			
	City			Zip Code
Home Phone:	.	Cell Phone:		
Email Address:				
Date of Birth:		<u> </u>		
Name of Church:				
Pastor's Name: _		Pastor's Phone:		
MISSION TRIP INFORM Which AYC Mission		ng to attend?		
What is the cost of	of attending?			
DISTRICT PARTICIPATE Which GDYM Ever		d in the past 12 months (circle all t	hat apply):	
Hyphen F	Retreat Teen Camp	Senior Camp All State Youth Ch	oir eXtreme	Weekend
		on (MTM) Fundraiser last year?		so, please list
Did you personally	y give to Move the Mi	ssion last year?		
	rticipate in a Mission	of paper. Express your reasons in Trip. Include how you feel this exp		
SIGNATURES				
Applicant Signatu	ıre:		Date:	
Pastor Signature:			Date:	