



BSM MISSIONS SCHOLARSHIP

Date _____

Trip Info

Trip _____	Dates of the Trip _____
Total cost of the Trip _____	
Purpose of the Trip _____	

Personal Info

Name: _____ *Birthdate(mm/dd/yyyy): _____

Current Address _____

City/State/Zip _____

Phone Number: _____

Email: _____

DBU Mail Box #: _____

DBU Room/Apt Number _____

Grade Classification: _____

Degree: _____

Date of Graduation: _____

Current Job: _____ Full-time DBU Employee: Yes No

Church Membership: _____

Church Involvement: _____

Campus Involvement: _____

Scholarship Questions

Why do you want to serve on this trip?

Please describe why you need this scholarship?

What does it mean to be a Christian?

What other fundraising projects are you working?

Have you assisted with any of the BSM Fundraisers? If yes, please list:

The awards are given only after the committee's approval. If for any reason you end up not serving on the mission trip listed on the application you will not receive any funds. If a scholarship has been awarded prior to the cancellation of your trip you will return all awarded BSM funds.

By signing this form, I am stating that all the information given is true and I agree to the above terms if I am awarded a scholarship.

Signature _____ Date: _____

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