



Pittsburgh District NYI Youth in Missions Scholarship

Application

(Youth in grades 7-12 may apply)

Applicant Name: _____ Age: _____

Address: _____ City: _____

Phone Number: _____ Grade: _____ Gender: _____

Church Attending: _____

Trip attending: _____ Dates of trip: _____

Trip coordinator: _____ Phone number: _____

Parent/Guardian signature: _____

Pastor's signature of endorsement for applicant: _____

Applicant: please give a brief explanation of why you would like to go on this trip or what it would mean to you personally:

I, the applicant, attest that the information on this application is accurate and this is my first time requesting financial aid from the Pittsburgh District NYI for a missions trip.

Signature Date

Financial help for any applicant is not guaranteed. Final approval is subject to the District NYI Council.

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____ Approved \$ _____ credited to _____'s account.

____ Denied Reason _____