

**SCHOLARSHIP APPLICATION**  
**Nebraska District—LCMS Mission Trip**

This scholarship is made possible through the ministry commitments of the 247 congregations of the Nebraska District

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Congregation: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long have you been serving or a member of this congregation? \_\_\_\_\_  
In what capacity? \_\_\_\_\_

Sponsoring Congregation/Organization \_\_\_\_\_

**Destination and Purpose of the Trip**

To which mission field do you plan to travel? \_\_\_\_\_

With what special gifts, talents, or training has God equipped you to contribute in this mission field?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the specific goals of the mission trip?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached a letter from Nebraska District Mission Developer, Mr. Gary Thies, verifying that the proposed mission trip is approved by the LCMS Board for Mission Services. Yes: \_\_\_\_\_ (required)

**Proposed Dates and Duration of the Trip**

When do you plan to begin the trip? \_\_\_\_\_

When do you plan to return? \_\_\_\_\_

How many days will you actually serve in the mission field? \_\_\_\_\_

**Final Arrangements**

Provide an accurate itemized estimate of expenses for the trip:

Airfare: \$ \_\_\_\_\_ Lodging: \$ \_\_\_\_\_ Meals: \$ \_\_\_\_\_  
Incidentals: \$ \_\_\_\_\_ Total estimated cost: \$ \_\_\_\_\_

How much of the total cost of the trip will be covered by each of the following:

Yourself: \$ \_\_\_\_\_ Your Congregation: \$ \_\_\_\_\_  
Other: (Specify) \$ \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_  
Remaining Unmet Need: \$ \_\_\_\_\_

**(Pastor and Applicant signatures required on reverse side)**

As the above named applicant's administrative pastor, I hereby lend my support for his/her participation in the mission trip described above.

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Administrative Pastor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed application with verification letter to:**

**Nebraska District LCMS  
PO Box 407  
Seward NE 68434**