



San Jose Christian Alliance Church

Missions Scholarship Application

Contact Information

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____

E-Mail: _____

Current Status

- Are you currently attending SJCAC/New Vine? Yes No
If not, how long have you attended SJCAC/New Vine in the past? _____
- Name of the college/university that you are attending: _____
Years in college/university: _____

Missions Conference that you are seeking scholarship

- Name of the missions conference/class and dates: _____
- Organization sponsoring the conference/class: _____

Your expectations

Provide a short description of why you wish to attend this conference and your expectation by attending:

References

Pastoral Reference: Name: _____ e-mail: _____

Lay Leader Reference: Name: _____ e-mail: _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted this scholarship, I agree to provide a report after the event and willing to have follow-up with SJCAC/New Vine on my call of mission.

Name (printed): _____ Date: _____

Signature _____

Submit application to mission@sjcac.org