



Scholarship Application

MISSION: *Nurses In Mission exists to empower nurses in the York community to use their abilities and talents in the nursing profession to impact the health of individuals locally, nationally and internationally.*

General Information:

Name _____ Email _____

Street Address _____

City _____ State _____ Zip _____ Do you have a current passport? Yes___ No___

Name of Mission organization sponsoring trip _____

Destination (state or country) _____ Please attach confirmation of your acceptance for this trip

Mission Trip Experience:

Have you had previous experience on local or international mission trips? (not required) Yes___ No___

If yes, please list and describe: (use additional paper if necessary)

Community/Volunteer Activities:

Please list volunteer activities within the past 3 years (e.g. health-related, faith-based, civic activities)

Financial:

What is the total cost of your trip? _____ What are your plans for covering the expenses for the trip?

References:

Please use the attached reference form to obtain 3 references and confirmation notice.