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**Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Mission Trip to**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trip Dates**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mission Scholarship Application**

The Christ Center has established a scholarship fund as part of our mission to help students at Colorado Mesa University and the University of Malaga grow in their faith and dedication to Jesus Christ. The fund is sustained by gifts from individuals, churches and organizations that share our passion for college students, and wish to support them in their call to missions - locally, nationally or overseas.

**Christ Center Scholarship Requirements**

* Scholarship recipients must be college students enrolled at CMU or UM.
* Applicants must fill out this scholarship application and write a short essay outlining why they feel that they are qualified to receive scholarship support.
* Scholarships are publicized primarily through campus ministry leaders.
* All applications are reviewed by the Christ Center.
* Scholarships are awarded based upon need.
* Applicants who are awarded scholarships must complete volunteer hours (See below).
* Scholarships will be given in the amounts stated below.
* Checks will be made out to the ministry or organization with which the recipient will be working. Applicants will pick up the checks and forward them to the appropriate ministry or organization.
* Applicants must know the dates and projected costs as well as all other sources of anticipated funding.
* Scholarship must be used for the mission trip specified in the application.
* If money is awarded and the trip is cancelled or the applicant is unable to go, all monies must be refunded to the Christ Center.
* Applicants must, upon returning form the mission trip, submit a **short essay and digital photos** detailing his/her experience. The Christ Center shall have the right to make such essays and photos available to current and potential future donors, and shall also be entitled to use such essays or excerpts from such essays and photos, along with the names of scholarship recipients, in publications to promote the mission of the Christ Center.

**Volunteer Hours Defined**

Students awarded a scholarship are required to complete volunteer hours with the Christ Center/ Four Winds Coffee & Tea. Scholarship recipients and the Christ Center’s Executive Director will work out an individually tailored schedule (hours and tasks) which will allow a recipient to complete the volunteer hours to the mutual satisfaction of both parties.

Required volunteer hours will be as follows:

* $500 15 hours
* $250 10 hours
* $ 50 3 hours
* Other To be determined

Volunteers will work under the same rules and requirements that are in place for regular *Four Winds Coffee & Tea* staff. If a scholarship recipient does not perform his/her obligations satisfactorily, they will be terminated with the resultant loss of all scholarship benefits.

**Christ Center Scholarship Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization overseeing trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & purpose of the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost per person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount you are contributing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount you will raise: \_\_\_\_\_\_\_\_\_\_\_ Scholarship amount requested: \_\_\_\_\_\_\_\_\_\_\_\_

Have you contacted your local church for financial assistance? Yes \_\_\_\_\_ No \_\_\_\_\_\_\_

What other sources of funding are you pursuing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please attach a short typewritten essay explaining why you feel that you will benefit from this scholarship and how your mission work will benefit those you intend to work with.**

(No more than one page)

**Please submit application and essay via email to:**

christcentergrandjunction@gmail.com

or via US Mail to:

Christ Center

Attention: Executive Director

1235 Bookcliff Avenue

Grand Junction, CO 81501

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| **Scholarships funds will be made payable to**  **the sponsoring Ministry or Organization,**  **and will be picked up by the recipient to forward to that Ministry or Organization.**  aaaa  Payee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of organization if not the same as the above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Registration Code with Organization (If applicable):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Box below to be completed by Christ Center**

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| Amount Granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(To be filled out by Christ Center)** |