

Hurricane Response Scholarship Application

This form is a Word Document. To allow the most time for review, download the document your computer and complete the answers. Save the document with your name and date as the file name (eg: yourname01-01-09.doc). When finished, email it to the following two addresses:

Phil Bandy at philb@calnevumc.org & umvim@calnevumc.org

Or if you prefer to print out this form and fill it in by hand, you can do so. Mail completed application to:

Phil Bandy
Director of Volunteers in Mission
California-Nevada UM Conference
P.O. Box 980250 West Sacramento CA. 95798-0250
(Phone) (916) 374-1582

Scholarships will be reviewed by a UMVIM sub-committee.

All scholarships are awarded based on:

1. a demonstrated financial need (travel costs above what the church or individual/family can fundraise); and,
2. a willingness to share the mission stories with others in the annual conference (presentations, blogs, newsletter article, etc.)

To stretch the scholarship funds to as many people as possible, ***we encourage applicants to request only the amount that remains unfunded after personal contributions and church's fundraising efforts.*** We expect that local churches will be actively involved in supporting the missions of their church members, and the scholarships are supplemental funding.

Our general policy is to award up to a maximum of 50% of trip cost for individuals with a \$3,000 maximum award per church. Exceptions to these guidelines will require a vote by the full UMVIM Committee. If your church has used its allotted \$3000 when you apply, you will be notified before your application goes to the committee for review.

**California-Nevada *United Methodist Volunteers in Mission (UMVIM)*
Hurricane Response Scholarship Application**

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Cell) _____

(Work) _____

Dates of UMVIM trip: _____ Location of UMVIM trip: _____

Team Leader: _____ Cost of the UMVIM trip: _____

Scholarship Amount Requesting: _____

Name of your United Methodist church or other faith/community affiliations:

Address of your United Methodist church or other faith/community affiliations:

Name and contact information of your pastor or other personal reference:

Name: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Email: _____

(Please answer the following questions thoughtfully and completely)

1. What are your goals or hopes for this trip?

