

Wisconsin Conference UMC International Volunteers in Mission Scholarship Application

1. Applicant Information

Name: _____

Address: _____
Street Address City/State/Zip

Phone number(s): Include area codes _____

I-VIM mission _____ Date of trip _____

List work camp skills that you have (including training or experience in carpentry, electrical, plumbing, painting, cooking, etc):

Trip leader's name _____

Leader's address _____

Leader's phone number(s): Include area codes _____

2. Scholarship Request:

I-VIM encourages those needing scholarship help to first contact their local church.

Total cost of the I-VIM trip is: \$ _____

I request a scholarship from I-VIM in the amount of \$ _____
Funds are limited and requests are not guaranteed so please plan accordingly

NOTE: If a scholarship is granted, funds will be sent to your trip leader on your behalf.

3. Signatures

Signature of Applicant: _____

Signature of Pastor or Trip Leader: _____

Return form to:
Rev. Susan Safford-Gaul
204 Horn Street
Brillion, WI 54110

VIM USE ONLY
Amount Requested: _____
Amount Approved: _____
Approved by: _____