## North Central Baptist Network APPLICATION FOR SALAZAR INTERNATIONAL MISSIONS SCHOLARSHIP

The Luis and Raquel Salazar Memorial Trust for International Missions Scholarship was created to encourage and assist NCBN Baptists to go on volunteer international mission trips. It honors the memory of Luis Salazar, former Missionary for Central Region Hispanic Ministry, and his daughter Raquel, who both meant so much to the life and ministry of our mission work together.

Personal Information	Date of Application:		
Full Name			
Mailing Address			
City	State	Zip Code	
Telephone No	E-mail Address		
Date of birth:/_ Completed (m	/(mo/day/yr) ust be at least 15 years old or ha	If you are a youth: Last Grade ave completed the 9th grade)	
International Missio	n Trip		
Destination	Sponsor Organization	1	
D . D .	Return Date	Cost of Trip \$	
Departure Date			
_	Mailing Address		
Sponsor Organization  City  Financial Request I  NOTE: Scholarship awar	State State State	Zip Code n the amount of \$ ximum amount of any scholar-	
Sponsor Organization  City  Financial Request I  NOTE: Scholarship awar ship award shall not exceed will be determined by the	State State	Zip Code n the amount of \$ kimum amount of any scholar- o. The actual amount awarded N.	
Sponsor Organization  City  Financial Request I  NOTE: Scholarship awar ship award shall not exce will be determined by th  Signed  Describe the types of m	State S	Zip Code  n the amount of \$  kimum amount of any scholar- b. The actual amount awarded b.  Application	
Sponsor Organization  City  Financial Request I  NOTE: Scholarship awar ship award shall not exce will be determined by th  Signed  Describe the types of m you will be involved in	State State State State State State State procedures provide that the maxed 50% of the total cost of the trip e Great Commission Team of NCBN Date of Date of Date of sission activities you will engage missions activity.	zip Code n the amount of \$ kimum amount of any scholar- b. The actual amount awarded N. Application e in and detail how many days	
Sponsor Organization  City  Financial Request I  NOTE: Scholarship awar ship award shall not exce will be determined by th  Signed  Describe the types of m you will be involved in  Have you previously re	State State State State State State State procedures provide that the maxed 50% of the total cost of the trip e Great Commission Team of NCBN Date of Date of Date of sission activities you will engage missions activity.	zip Code n the amount of \$ kimum amount of any scholar- b. The actual amount awarded N. Application in and detail how many days  dissions Scholarship?	
Sponsor Organization  City  Financial Request I  NOTE: Scholarship awar ship award shall not exce will be determined by th  Signed  Describe the types of m you will be involved in  Have you previously re  No Yes If	State State State State State State State procedures provide that the maxed 50% of the total cost of the trip e Great Commission Team of NCBN Date of Date of Date of sission activities you will engage missions activity.	zip Code n the amount of \$ kimum amount of any scholar- b. The actual amount awarded N. Application in and detail how many days  dissions Scholarship?	

7.	Evidence of Interest in and Commitment to Spreading the Gospel in the World A. Church/Associational Involvement				
	Position	ment	<u>Dates</u>		
	B. Missions Involvement				
	Mission Project/Trip	<u>Dates</u>	Sponsor Organization		
Local					
State					
Natio	nal				
	- <del></del>				
Intern	national				
	Essay Attach a 300-350 word enational trip. Please also explain where say may be typed or handwritten.		you wish to participate in this nancial assistance for this trip.		
9.	<b>Certification of Church Membership</b> NOTE: Guidelines for the scholarship fund state that, as of the date of the application, the applicant must have been a member for at least one year of a church affiliated with North Central Baptist Network.				
	This is to certify that this Salazar Fund applicant is an active member within the guidelines described immediately above.				
	Church Name				
	Signature of Pastor or Church Clerk _		Date		
10.	Mail, email, or physically deliver (488 Frankfort Rd, Shelbyville) completed application (including essay) by April 15 or November 15, whichever is approximately 3 months out from the trip departure date to:				
	North Central Baptist Network ATTN: Salazar International Mission PO Box 1148 Shelbyville, KY 40066	is Fund			
	OR				

info@ncbnetwork.org Subject: Salazar International Missions Fund