

**Young Adult Scholarship Application
2018 Africa University Trip**

Name: _____

Address: _____

Phone: _____ Email: _____

In what UM congregation do you participate, and in what ways? _____

Do you have a valid passport? _____ Would this trip be your first out of the country? _____
to Africa? _____

What would this trip mean to you? _____

How would you be an advocate for Africa University on your return? _____

What other sources of financial support do you have? _____

Please name two references who will encourage you on this trip and upon your return:

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

By signing, I agree I am physically able to travel on the given dates, and participate in pre-trip and post-return meetings. I agree to a brief interview with trip personnel before I may be approved for funds. Upon being approved for funds, a \$500 deposit is due within two weeks to reserve my space on the trip. I also agree that I am willing and eager to share the Africa University story with others.

Signed: _____ Date: _____

Return by February 5, 2018 to:
Colin Cress – 34 West Washington Street, Shelbyville, IN 46176 – colin.cress@inumc.org