

**Policy#**  
OMS-001

**Effective Date**  
March 20, 2022

**Purpose**

To establish the application process and procedure for awarding mission trip scholarships.

**Scope**

This policy applies to the Missions Committee and their function of awarding scholarships from the CrossWay Mission Fund to assist individuals in participating in a mission trip.

**Policy**

It is our goal to assist individuals at CrossWay with participating in a mission trip either foreign or domestic. This experience is so important and life changing, we as the Missions Committee will award scholarships from CrossWay's Mission Fund to assist in the cost of the individual's trip. The individual must apply using the attached application and must meet the criteria set forth in the application and agree to the requirements listed on the application.

The dollar amount of the scholarships will vary based on the criteria met in the application, number of applicants in a given year and the funds available in the CrossWay Mission Fund. Preference will be given to Student applicants and those going on first time mission trips.

See attached Mission Fund Scholarship Application

**Signatures**

  
\_\_\_\_\_  
Chairman, Board of Elders

3-21-22  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Clerk

3/21/22  
\_\_\_\_\_  
Date

# Mission Fund Scholarship Application

Please note: Scholarship funds are only available to active participants of the Crossway Faith Family.

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

I am: (check one):  18 or older If under 18, name of adult you will be traveling with: \_\_\_\_\_  
 under 18 \_\_\_\_\_

Trip Dates: \_\_\_\_\_ Name of Sending Organization: \_\_\_\_\_

This trip is:  inside the U.S. \*If this is not a trip with ReVision or an organization affiliated with  
 outside the U.S. the SBC, attach a copy of the organization's statement of faith.

If outside the U.S., what country will you be traveling to? \_\_\_\_\_

If outside the U.S., is this your first foreign mission trip?  Yes  No

If this is not a trip organized by Crossway, give a brief description of what you will be doing. (Use back if needed.)

Why do you want to go on this trip? What do you hope to learn or accomplish as a result? (Use back if needed.)

Have you received mission scholarship funds from Crossway before?  Yes  No

Estimated cost of trip

(including airfare): \_\_\_\_\_ Scholarship amount requested: \_\_\_\_\_

Note: Scholarship amounts vary based on funds available and number of applicants. **Typically**, first-time scholarships are up to \$750, and all others are up to \$500. However, these are neither guaranteed amounts, nor limits to what can be awarded.

The Missions Committee reviews scholarship applications quarterly (March, June, September, & December). Does your application need to be considered sooner than the next review date?

Yes, funds are due before the next review date  No, I can wait until the next review date

By completing this form, the Missionary agrees to:

- Participate in a commissioning service at CrossWay as prescribed in scripture
- Work closely with CrossWay in providing oversight and direction; recognize and respect the authority and responsibility of CrossWay as the missionary's commissioning church.
- Communicate quickly & openly with the Lead Pastor/Missions Committee of CrossWay regarding ALL issues
- Uphold biblical standards of Christian ethics and morality as a representative of CrossWay
- Uphold the laws of the visited country as well as the laws of the United States
- Maintain missionary accounts with integrity, including processing funds in a timely manner (60 days), utilizing monies only for the mission trip and returning any unused funds. If the trip is cancelled, either by the organization or the individual, scholarship funds will be returned to the church & the individual bears any loss.
- Report back to the Missions Committee upon completion of the trip to give a report of their experience and give an accounting of the expenditure of funds.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicant is under 18)

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For use by Missions Team only:

Date of Review: \_\_\_\_\_

Amount approved: \_\_\_\_\_

Lead Pastor Approval: \_\_\_\_\_ Date: \_\_\_\_\_