

Diocese of Tennessee Medical /Service Mission Application for Financial Assistance

Deadline for application: April 30, 2010

Name: _____

Address: _____

Phone: _____ Email: _____

Church membership: _____

Dates of trip for which assistance is requested: _____

I am: ___ a student ___ a seminarian ___ retired ___ Spanish speaker
___ doctor ___ nurse ___ pharmacist ___ dentist

In order to help us be good stewards and to fairly allocate limited funds, please answer the following questions:

Have you ever been on a Diocese of Tennessee mission trip to Ecuador?

- NO
- YES; how many times _____

Have you previously received diocesan financial assistance for a mission trip?

- NO
- YES; when (years) _____

Has anyone from your church participated in the Ecuador medical mission trips?

- NO
- YES

Will you be receiving financial assistance from your home church?

- NO
- YES; amount _____

Please check the box that most accurately represents your situation:

- If I don't get diocesan assistance, I will not be able to afford to go
- I can go, but this would really help.
- Support would be appreciated if available.

Please initial that you agree to the following: _____ "Scholarship applications will not be processed for reimbursement without a copy of the trip payment receipt or paid reservation, and the appropriate medical and indemnity releases must be on file with the MME Coordinator."

Recommended by:

Mail application to:

Signature Print name Print church
Parish Priest / Church Minister

George Kurz
1104 Berwick Trail
Madison, TN 37115
615-868-5099