



MOUNT HERMON GENERAL SCHOLARSHIP REQUEST
Youth Pastors/Directors and Full-Time Christian Workers

NAME _____ Phone # () _____

Address _____

City _____ State _____, Zip _____ M F

CHURCH AFFILIATION _____,

City _____ State _____, Phone # () _____

SCHOOL _____

Attending Full Time Part Time Current Number of Units _____

Are you working while at school? Yes No Hours employed _____

PREVIOUS INVOLVEMENT WITH JEMS MINISTRIES

AACF Japan / So. America Missions Mount Hermon Others

(List Other Ministries) _____

Camp you are interested in attending _____

Total cost of registration fee \$ _____

Amount of scholarship requested \$ _____

Amount you are able to pay \$ _____

How did you learn about our summer conference?

Reasons for requesting the scholarship?

Have you applied for scholarships elsewhere? If so, where?

If you do receive this scholarship, are you willing to write a 500-word testimony of your experience at Mount Hermon so we can share it with our scholarship donors? Yes No

We would also like a brief recommendation from a pastor, youth leader or JEMS staff member to support your request. Please attach with this application form.

Please read the below paragraph and sign

I submit this application with the understanding that applying does not mean that I will be automatically given a scholarship. I realize that JEMS will take all the information above and the recommendation into consideration when processing my application. I will trust in the Lord to make it clear to those who will prayerfully consider my application and accept the decision of those who are in charge and respond accordingly.

Applicant's Signature

Date

Please return this application to:
JAPANESE EVANGELICAL MISSIONARY SOCIETY
948 East Second Street., Los Angeles, CA 90012
(213) 613.0022, FAX 213.613.0211, E-Mail: Info@JEMS.org

OFFICE USE ONLY:

Received by JEMS: Date _____

Amount of Scholarship granted \$ _____ Approved by _____ Date _____