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**Medical Missions Initiative
Scholarship Application**

***Project Hope Northwest Mission:****Project Hope Northwest’s primary mission is to assist persons and organizations that promote physical, mental and spiritual well-being of people, and do so with a Christian perspective and emphasis.*

**Application Process Information:**

* At this time, scholarships are offered to medical students (MD/DO), with a focus on those located in Pacific Northwest. However, we will consider applications from anyone in the U.S.
* Average scholarship is around $1500, and is limited to partial funding of trip costs
* Funding is designed for mission trips lasting 4-8 weeks
* Report & photos are required after completion of trip

**Please select which cycle you are submitting this application for:**

* 1st cycle: Application due September 15th - Review & response from PHNW Board completed by November 1st
* 2nd cycle: Application due January 15th - Review & response from PHNW Board Review completed by March 1st

*Proverbs 3:27 - Do not withhold good from those who deserve it, when it is in your power to act.*

**Please fill out application fully and completely.**

**Contact us at info@projecthopenorthwest.org if you have any questions.**

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| First Name:    |
| Last Name:    |
| Application Date:    |
| Street Address:    |
| City:    |
| State:    |
| Zip:    |
| Home Phone:   |
| Cell Phone:    |
| Your Email:    |
| If You are married, spouse’s name:   |
| Birthdate:   |
| Name and address of college attended:    |
| College degree received and date:   |

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| Name and address of graduate school attended:  |
| Advanced degree received and date:   |
| Church affiliation:   |
| What is the grant request for?  |
| How does this grant further the mission of Project Hope Northwest? (www.projecthopenorthwest.org/mission.html)  |
| How do you hope this trip and experience will further your passion to serve those in need through medical missions?  |
| Please briefly describe any previous experience you have had with medical missions: |

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| Please list other sources of funds and amounts dedicated to this project:  |
| Provide the name & contact information of the local organization that is hosting your work on this project:  |
| Provide the dates of service or time frame in which this project will be completed:  |
| Please provide a complete budget for your proposed project:  |