



NORTH ARKANSAS DISTRICT NAZARENE MISSIONS INTERNATIONAL

APPLICATION FOR WORK & WITNESS SCHOLARSHIP

NAME _____

ADDRESS _____
STREET

_____ CITY STATE ZIP CODE

TELEPHONE _____ EMAIL ADDRESS _____

HOME CHURCH _____

PLEASE INDICATE YOUR LEADERSHIP POSITION:

PASTOR/MINISTER NMI PRESIDENT OTHER _____

PLEASE ATTACH A BRIEF TESTIMONY AND HOW YOU THINK THIS EXPERIENCE WILL AFFECT YOUR MINISTRY.

MAIL THE COMPLETED FORM TO:

JIM LYNCH
1746 N. INDEPENDENCE PL.
FAYETTEVILLE, AR 72704

OR EMAIL THE COMPLETED FORM TO narknmi@hotmail.com



PLEASE NOTE THAT WORK & WITNESS SCHOLARSHIPS ARE LIMITED TO DISTRICT SPONSORED WORK & WITNESS TRIPS. LOCAL WORK & WITNESS TRIPS DO NOT QUALIFY.