

Maumee River District

2025 Watkins Scholarship Application

Applicant Information:

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Email address _____

Have you been on a Mission Trip Previously? Yes _____ No _____

Mission Trip Information:

Church Name _____

Mission Trip Location _____

Mission Trip Dates _____

Cost of Mission Trip _____

Other Funding _____

Make Check Payable to: _____

Mail Check to:

Name _____

Address _____

Applicant's Signature: _____ Date: _____

Parent/Guardian (if under 18) _____ Date: _____

Pastor's Signature: _____ Date: _____

Please complete the W-9 and return with the application to Maumee River District,
1729 Indian Wood Cir., Maumee, OH 43537 or mrobinson@wocumc.org