



PROVIDENCE TRAVEL PROGRAMS

a ministry of New Orleans Baptist Theological Seminary

HOLY LAND SCHOLARSHIP APPLICATION

Personal Information:

NAME AS APPEARS ON PASSPORT

STREET ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

PASSPORT NUMBER

COUNTRY OF ISSUE

DATE OF EXPIRATION

DAYTIME PHONE

EMAIL

NAME OF CHURCH WHERE YOU ARE A MEMBER OR STAFF

PHONE NUMBER OF CHURCH

Student ID#:

ARE YOU A LEAVELL COLLEGE OR NOBTS STUDENT?

ARE YOU A PART TIME OR FULL TIME STUDENT?

ON CAMPUS OR EXTENTION STUDENT? WHICH EXTENTION?

HAVE YOU TRAVELED WITH LC/NOBTS BEFORE? WHERE?

RESPONSIBILITY

I understand that all my information is true and correct. The sponsoring organization has the right to withdraw the tour at any time or make changes to published itinerary whenever in their sole judgment conditions warrant, or if they deem it necessary for the convenience or safety of the tour. I do hereby absolve Dr. Clay Corvin, Blanca Phillips, LC/NOBTS/PEF, Ronald L. Cansler dba Escorted Travel Concepts, LLC, and their agents and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the forgoing.

I covenant to make spiritual and physical preparation for this trip, to read carefully the brochure and to seek the heart of a servant on this journey abroad. My conduct, in word and deed, will honor the Lord Jesus Christ.

I covenant that if I am unable to participate on the trip and I am the recipient of a one-time Holy Land scholarship, I will be responsible for repaying the amount of scholarship given to me. \$3000 for full time students. \$2000 for part-time/online students.

SIGNATURE: _____ **DATE:** _____

HOLY LAND SCHOLARSHIP APPLICATION

FOR OFFICE USE ONLY

SCHOLARSHIP APPROVED? YES NO

COMMENTS: _____ DATE: _____

TRIP AWARDED: _____