

Vision International Alliance Scholarship Application

Head Office 3440 Wilshire Blvd. #855 Los Angeles, CA 90010-2128
Telephone (213)381-2384 Fax (213) 559-8909 acc@viamission.org

Mail this to VIA Accounting Office. vialaoffice@gmail.com

Please attach Following Document with this application:

- A. () APPLICATION –This form
- B. () PERSONAL TESTIMONY
- C. () PASTOR'S RECOMMENDATION LETTER
- D. () MISSIONARY'S RECOMMENDATION LETTER
- E. () SCHOOL TRANSCRIPT
- F. () ESSAY- HOW THIS STUDY WILL HELP MISSIONER WORK? (For Scholarship applicant only)
- G. () MONITORING METHOD-REVIEW AND EVALUATION: DESCRIBE HOW YOU WOULD INTERACT WITH THE APPLICANT DURING THE STUDY PERIOD THAT WILL ASSURE SHE/HE IS IN RIGHT TRACT.
- H. () Copy of Government issued ID with Photo

Request Date	Chk # Office use Only	Amount Approved: office use only	Reference No: Office use only
Request by: Name: _____ School and Major: _____ Signature: _____			Board Approval No.
Mission Organization Name: Address: Authorized Signatory's Name: Signature: _____		Notes	

Funding Method

<i>Electronic Fund Transfer</i> Account Name: _____ Account Number: _____ Bank Address: _____ Bank Telephone Number: _____	Funding Method: Monthly: Starting Date _____ Ending Date _____ Quarterly: Starting Date _____ Ending Date _____
--	--

Total Amount Requested			
Date	Position	Name	Signature
	Field Coordinator		
	Finance Approval		
	Board Approval		