

HOLY-LAND STUDY
GRANT APPLICATION

Name: _____ Birthdate: _____

Address: _____

Phone: _____ E-mail: _____

Occupation: _____

If student, at what school? _____

Study Program for which you are applying: Israel-Jordan: Taste the Honey, June 2012

Contact information for organization arranging the Study Program (where funds are to be sent):

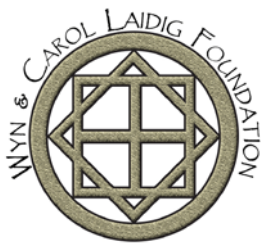
GTI Tours, 513 East 8th Street, Holland MI 49423, Attn: Amy Holstege, amy@gtitours.net

Cost of program: aprox \$5000 Duration of Program: 16 days

If you have received a previous scholarship from this Foundation, explain when and for what purpose:

Please check one of the following:

- I am a regular attendee at Epic Church, Mishawaka, Indiana.
- I am a student, faculty or staff (or dependant) at Bethel College, Mishawaka, Indiana.
- I am a missionary or dependant of missionary with Wycliffe BibleTranslators
- I am in full-time Christain service or a dependent of someone in full-time Christian service.
Position and organization: _____
- I am being recommended for this scholarship by Pastor Jeremy LeVan, or by a previous participant of a GTI Holy-Land study trip. List the name of the person recommending you:



Grant Award Amount

The scholarship amount is \$2500, and will be awarded upon memorization of the Sermon on the Mount teaching (Matthew 5-7). Memorization can be done one chapter at a time, with \$800 award for each of the first two chapters, and \$900 for completion of the third chapter. Memorization may be done in the version of your choice. Do not memorize verse numbers or section headings.

A staff member of your church, mission, or school must verify your memorization and send notification to the Foundation at the address below. Give the name and e-mail address of the person who will verify your memorization: _____

Grant funds will be sent directly to GTI, but only after confirmation of memorization has been received. Make sure and complete all requirements prior to the date your final payment to GTI is due.

Note: It is your responsibility to ensure that the person listed above sends notification of completion of memorization to the Wyn & Carol Laidig Foundation *prior to the due date of your final payment to GTI.*

Signature: _____ Date: _____