

**Bethany First Nazarene Church  
Swaziland Partnership  
Guidelines to Apply for  
Swaziland Partnership GO Team Scholarship**

Our purpose is to assist active church members/attendees to participate in a Swaziland GO Team mission experience that will impact their lives to promote the mission of Christ.

This scholarship may only be applied to a Swaziland GO Team mission trip affiliated with the Swaziland Partnership through Bethany First Nazarene Church (BFC) or Southern Nazarene University (SNU.)

As a member of the volunteer delegation you will have the opportunity to support work in team project designations that include:

- Compassion
- Construction
- Education
- Medical/Dental

Applicants must be a BFC member or attendee actively involved in ministry at BFC at the time of application. Applicants 13 and 14 years of age must be accompanied on the mission trip by a parent.

The BFC Swaziland Partnership Scholarship Application and Pastor's Letter of Recommendation must be received 90 days prior to the mission trip along with a letter of reference from the applicant's staff pastor. Turn in completed forms to Pat Burton in the Global Outreach office at BFC.

This is a one-time scholarship per person per mission project. An applicant for scholarship is required to provide verification of personal efforts made to raise funds for trip expenses.

We will make a contribution of a minimum of 10% of the cost of the mission trip per applicant, not to exceed \$500 based on available funds. If the applicant is awarded a scholarship and does not travel with the GO Team, the scholarship money will be returned to the Swaziland Partnership scholarship fund. Applicant would then reapply as needed for future consideration.

Scholarships are not transferrable and will only be awarded toward the published trip cost, not to include personal expenses.



**Bethany First Church of the Nazarene  
Swaziland Partnership Scholarship  
Pastor's Letter of Recommendation**



Completed form should be returned to applicant. Applicant will turn in form with Scholarship Application  
Pastor Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Current Areas of Ministry:  
\_\_\_\_\_

\_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?

Acquaintance 1 2 3 4 Very Close 5

Applicant's Character:

Weak 1 2 3 4 Strong 5

Applicant's Dependability:

Weak 1 2 3 4 Strong 5

Applicant's Spiritual Maturity:

Weak 1 2 3 4 Strong 5

Applicant's Relational Ability:

Weak 1 2 3 4 Strong 5

Ministry Skills & Abilities:  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_