

Woodland Hills Church
50 Woodland Hills Road
Asheville, NC 28804
828.658.2554

Dear Applicant:

Thank you for your request for funding from the *Jessica Marie Hamilton Foundation for Africa's Children*. It is our desire to award an annual \$1,000 scholarship to a candidate who has the calling to serve Jesus Christ on the mission field either on a short term or long term basis. This award will not be limited to medical service or to the continent of Africa, but those applicants will receive first consideration. While we've noted some preference as to residence and geographic calling, please don't let that discourage you from applying because we are intent on selecting a very strong applicant.

This foundation was set up to honor the short, but fruitful life of Jessica Marie Hamilton who was pursuing her calling to honor God with her life as a medical missionary in Africa. Our hope is to fulfill her dream by providing direct funding for use by an individual on Mission or to provide educational support to a person preparing for such mission work because he or she shares Jessica's calling.

To apply for consideration, please write an essay of 500 words or less stating why you feel you should be considered for this scholarship with emphasis on your spiritual commitment to a calling to missions. Your essay may include a brief account of your background in mission work and your short and long-term goals. In addition, please complete the attached Foundation application and return it by February 15, 2009. All applicants will be notified of the Mission Team's decision by April 15, 2009.

Thank you again for your interest.

Sincerely,

Woodland Hills Church
Mission Directors

**The Jessica Marie Hamilton Foundation
for
Africa's Children**

Application: Please attach a recent photo and complete this application.

GENERAL INFORMATION

Name:

Address:

City:

State:

Zip:

E-mail:

Home Phone:

Work Phone:

Cell Phone:

Age:

Sex:

Marital Status:

Spouse's Name:

Spouse's Occupation;

Children:

Name and ages:

Citizen of what country?

Do you have a valid passport?

Date of birth:

Passport #:

Expiration Date:

SPIRITUAL INFORMATION

Where is your church home?

How long have you attended?

What services do you attend?

Have you participated in any Mission activities such as training, trips, mission teams?

What ministries are you involved with at your church?

Do you serve as a leader/volunteer in any ministry outside your church?

What do you think your spiritual gifts are?

Please list a pastor or church leader who would give you a good reference and include the phone number:

Please list two additional people other than family who know you and your spiritual walk. Include phone numbers.

Please describe how and when you came to know the Lord:

Have you been water baptized?

When?

Where?

Have you served on a mission trip or had cross-cultural experience?

Please explain briefly why you want to participate in African missions? (or other). If you are seeking this scholarship for education purposes, please explain your plans. The scholarship is awarded yearly.

EDUCATION/WORK EXPERIENCE

Please list any specific talents/skills that you have. (drama. Singing, instruments, puppets, construction, medical, teaching, etc.)

Do you speak a foreign language fluently?

Which one(s)?

What are your strongest character qualities?

What are your weakest character qualities?

Education Level/ Years Completed:
Post Grad: Degree:

HS

College:

Degree:

Where are you employed?
How Long:

Position:
Contact name and #:

What other kinds of work have you done?

HEALTH INFORMATION

Do you have or have you ever had:

Fainting spells:

Eating disorder:

Heart Problems:

Respiratory Problems:

Diabetes:

Seizures:

Do you have any condition which might affect your ability to fully function as a missionary (i.e., fear of flying, depression, anxiety, sleeping disorders, personality disorders)?

Do you have any chronic illness? If yes, please explain.

Are you presently on any medications? If yes, please explain and list medication.

Have you ever had psychiatric care or treatment? If yes, please explain.

Please list any hospitalization history:

Does your health insurance cover you out of the country?
This is required for the length of your trip. We can recommend an agency.

How would you describe your general health?
Excellent: Good: Average: Needs Improvement:

PERSONAL INFORMATION

How does your family feel about this trip?

Have been involved with any of the following in the last year? To what degree?
Alcohol:
Tobacco:
Illegal Drugs:
A cult or Occult:
Criminal Activity:

Have you ever been convicted of committing a crime? If yes please explain.

What are the most significant events that have occurred in your life?

The information I have given to the application team is accurate and true to the best of my knowledge.

Signature: _____ Date: _____