



**Jay Whalen Memorial Scholarship  
IMB Internship Program**

**APPLICATION**

**Deadline to apply: March 1, 2024**

(For members in good standing of a partnering BHBA Church. BHBA reserves the right to deny any and all applications.)

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Why do you desire to spend the summer on mission?:** \_\_\_\_\_

\_\_\_\_\_

**Please detail your personal testimony:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you had any prior experience in missions? (if so, please describe):** \_\_\_\_\_

\_\_\_\_\_

**References** – Please provide three references other than family members or your pastor:

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have, or have you had, any lifestyle, conduct, habits, or activity which would project an image which could embarrass the IMB or the Association or impede either's credibility with member churches and/or the general public? Yes No If yes, explain \_\_\_\_\_

Have you ever been accused or convicted of child abuse or any other crimes of a sexual nature?

Yes No If yes, explain \_\_\_\_\_

Do you have any physical or mental health conditions or limitations that could impact your ability to serve as a missions intern? Yes No If yes, explain \_\_\_\_\_

**Applicant Certification.** The statements in this application are true, complete and correct. I hereby authorize Big Hatchie Baptist Association to conduct a personal background check. I understand that applicant interviews will be required prior to awarding this scholarship. A portion of the cost of this internship will be the responsibility of the intern. I understand that IMB requires certain steps be completed prior to final approval and the awarding of this scholarship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date