



Mission Team Inc Short Term Scholarship Mentor Completion Form

Mentor Information:

Last Name _____ First Name _____ Middle Int _____

Home Address _____ City _____ ST _____ Zip _____

Email Address _____

Phone Number _____ Cell Number _____

Applicant's Name _____

Date Completed _____

Sending Orgization _____

I have met with the applicant for the MTI Scholarship and believe that they have completed all six of the required lessons. I have enclosed the applicant's two page summary of their work.

Signed By

Date