SCHOLARSHIP APPLICATION

Directions to applicant: Please complete sections A and B of this form, and then ask your Pastor or Women Ministries leader to complete section C.

Your Pastor or Women Ministries leader should then forward the completed application so that it is received by Women Ministries no later than January 16, 2016. Send to Women Ministries, 8303 W. Higgins Road, Chicago, IL 60631.

- A limited amount of aid is available for persons needing financial assistance to attend Triennial XV.
- Partial scholarships will be awarded on a first come, first served basis depending on need.
- The completed application must be received in the Women Ministries office no later than January 16, 2016 for consideration.
- Notification of a scholarship award, if available, will be sent to your e-mail address (provided below) by March 1, 2016. If you are awarded a scholarship, you will receive a special payment code with your notification e-mail. You will have 60 days to register for Triennial XV using your special scholarship payment code.

A: GENERAL INFORMATION

Last Name | First name | Middle Initial

Street Address

City | State/Province | ZIP/Postal Code

Home Phone/Cell Phone | E-mail Address

Name of Your Church

Church Street Address

City | State/Province | ZIP/Postal Code

I have attended previous Triennials sponsored by Women Ministries. ☐ yes ☐ no

I have received scholarship assistance to attend previous Triennials. ☐ yes ☐ no

B: STATEMENT OF NEED

Please describe any circumstances that might affect you/your family's ability to pay the full Triennial XV registration fee.

_____

_____

B: STATEMENT OF NEED (continued)

_____

_____

_____

_____

_____

_____ _____

Signature of Scholarship Applicant Date

C: CHURCH LEADER RECOMMENDATION

This section is to be completed by the Pastor or Women Ministries leader of the church where the applicant attends.

Please write a brief explanation of your perception of the financial need(s) of the above applicant as they pertain to her ability to attend Triennial XV:

_____

_____

_____

_____

I would judge this person's need of financial assistance to be (please check one box)

☐ Critical ☐ Moderate ☐ Slight

I have known the applicant for _____years.

Scholarship Applicant: Last Name First Name

Church Leader's Title Last Name First Name

Church Leader's Signature Date

Return completed form no later than January 16, 2016 to: WOMEN MINISTRIES
8303 W. Higgins Road
Chicago, IL 60631