

**WESTERN DISTRICT CONFERENCE**  
**Application for Continuing Education Funds**

**I. Name / Address / City / State / Zip**

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Phone: (residence) \_\_\_\_\_ (office) \_\_\_\_\_

**II. Education background:**

College education and degree: \_\_\_\_\_

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Seminary education and degree: \_\_\_\_\_

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Other education: \_\_\_\_\_

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Previous continuing education experience: \_\_\_\_\_

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**III. Continuing education plan. Give a summary for which this aid would be used:**

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**IV. Total cost of program:** \$ \_\_\_\_\_

Other aids and scholarships: \$ \_\_\_\_\_

\*Congregation matching funds: \$ \_\_\_\_\_

Western District funds needed: \$ \_\_\_\_\_

Congregation/Institution now serving: \_\_\_\_\_

\*The Western District Leadership Commission is willing to contact your Board of Deacons or congregation for you to request matching funds for your continuing education experience, or to explain the importance of budgeting for continuing education in the local church budget. Would you want us to write them on your behalf? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, please supply the name and address of person to contact: \_\_\_\_\_

**V. Other comments and remarks:**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Return completed form to:  
Western District Conference Minister  
Box 306, North Newton, KS 67117

*Please note:  
An Annual Accountability form must be on file  
in the WDC office in order to apply for  
and receive Continuing Education Funds.*

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For Leadership Commission use:

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Date paid \_\_\_\_\_ Check No. \_\_\_\_\_

Signed \_\_\_\_\_