

WESTERN DISTRICT CONFERENCE
Application for Seminary Scholarships

Date of this application _____

Phone Number (Home) _____

Name _____ Phone Number (Work) _____

Address _____

E-mail address _____

Education completed:

<u>School (H.S., College, Graduate. School)</u>	<u>Years completed</u>	<u>Degree Earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In which congregation are you a member? _____

If the above is not a Western District Conference church, explain the basis for your application:

Name of school and program you are attending: _____

What is the total cost of the courses this next semester? \$ _____

Date when courses begin: _____

Please attach a statement of support from your pastor or the governing board of your church.

Please send completed application to the Western District Conference Minister, Box 306, North Newton, KS 67117.