

WESTERN DISTRICT CONFERENCE

Application for Seminary Scholarships

Date of this application _____

Phone Number (Home) _____

Name _____ Phone Number (Work) _____

Address _____

E-mail address _____

Education completed:

School (H.S., College, Graduate. School)

Years completed

Degree Earned

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

Western District Conference Congregation _____

Name of school and program you are attending: _____

How many credit hours are you taking this 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 Office, PO Box 306, North Newton, KS 67117 or wdc@mennowdc.org.