

WESTERN DISTRICT CONFERENCE
Application for Continuing Education Funds

Name: _____

Address/City/State/Zip: _____

Email/Phone: _____

Congregation/Institution now serving: _____

Continuing education plan - give a summary for which this aid would be used:

Total cost: _____

Western District funds needed: _____

Other aids and scholarships: _____

*Congregation matching funds: _____

*The Western District Ministerial Leadership Commission is willing to contact the appropriate church leaders 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? Circle one: YES NO
(If YES, provide name and email of person to contact.)

Signature: _____ **Date** _____

Email completed form to: wdc@mennowdc.org or send to: PO Box 306, North Newton, KS 67117.

Credentials must be in good standing, and an Annual Accountability form must be on file in the WDC office in order to apply for and receive Continuing Education Funds.

For WDC office use only:

Approved: Yes _____ No _____ Amount approved _____

Signed _____