

PAUMCS Scholarship Application

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone#: _____

Office Phone #: _____ Fax #: _____

Church Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Size of Congregation: _____

Applicant Information

Are you a member of the Missouri State Chapter? Yes/No

Have you ever attended a state PAUMCS workshop or a local meeting? Yes/No

How long have you worked in your current position? _____

What are your goals in relation to your job and how will this workshop help you reach them? _____

What is your job title? _____

To what extent will you receive financial assistance from your employer, congregation, other church group's: _____

State your reasons for needing the scholarship: _____

Provide an estimate of your expected cost for the conference including travel: _____

Amount Requested: _____

Signature of Applicant: _____ Date: _____

Signature of Pastor/Supervisor: _____ Date: _____

