

Application for Scholarship
Presbyterian Women Synod of the Sun

Date: _____

Name: _____ Phone: _____

Complete Mailing Address: _____

Email address: _____

Church/City: _____

Presbytery: _____

Personal Data. Check which are appropriate:

Age Group:

<input type="checkbox"/> 35 & Under	<input type="checkbox"/> 36-45	<input type="checkbox"/> 46-55
<input type="checkbox"/> 56-64	<input type="checkbox"/> 65 and over	<input type="checkbox"/>

Check all that apply:

<input type="checkbox"/> Church Member	<input type="checkbox"/> Deacon	<input type="checkbox"/> Church Employee
<input type="checkbox"/> Elder	<input type="checkbox"/> Clergy	<input type="checkbox"/> Seminary Student

Specify Church/Local Women's Group Involvement (Office, etc.)

How will you share what you have learned? (Use back or extra paper)

Meeting/Event you wish to attend: _____

Date & Location: _____

Event sponsor: _____

<p>Estimated Total Cost: Travel: _____ Room & Board: _____ Registration: _____</p>	<p>Amount requested from: Local Church: _____ Presbytery: _____ Synod: _____ Other: (specify) _____ Your contribution: _____</p>
Total Cost:	

____ (initial)

My Commitment: Thirty (30) days after attending, I will write a report to the Scholarship Committee summarizing what I learned and how I will share that information. (This is a requirement for future scholarship approvals.)

Mail to: Margaret Boone, 229 Grand Avenue, Lafayette, LA 70503,
Phone: 337 981-2475. Scan and email: marboone@yahoo.com

For committee use only: Logged _____; To Committee _____; Approved _____; Rejected _____;
Amount: _____; Recipient Notified: _____; To Treasurer _____;
Logged _____; Thank You Received _____; Renewal date: _____

Rev: 3/20/2017