



North Georgia Conference
Committee on Ethnic Local Church Concerns
Education Scholarship

Date _____

Name _____
Address _____
City _____ State _____ Zip Code _____
E-mail _____ Fax: _____
Cell: _____ Home: _____ Work: _____

Church _____
Address _____
City _____ State _____ Zip Code _____
E-mail _____ Fax: _____
Cell: _____ Home: _____ Work: _____
Pastor _____
District _____

Is this your first scholarship request? _____ Yes _____ NO
Event you are seeking to attend:

Name/Theme: _____
Date: _____
Location: _____

Scholarship request cannot exceed \$300.00 for the use of this event. This scholarship can only cover the following in the order of priority:

1. Registration \$ _____
2. Food (\$30.00 per diem) \$ _____
3. Lodging \$ _____

This scholarship does not cover travel or mileage. Please send the registration paper of the event you will attend with this form.

The scholarship is awarded as a reimbursement after the recipient's attendance/participation of the training event. The scholarship is awarded once within a 12 month period per individual/church. The ELCC will inform you on the status this scholarship request within 2 weeks.

The committee asked that you agree to submit a written response to the information and experience that received from the training. It will be used on the ELCC website and or forwarded to local churches. Your name will be posted on the website as having attended this event and we asked that you would be willing to (check all that would apply to you):

- share with others
- share at a training event
- response to questions by e-mail
- write an article to be posted on the ELCC website.

