

**The Shawnee Valley District of the United Methodist Church
Scholarship Request Form**

Date: _____

Church/Ministry: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Church/Work email _____

Personal Email _____

Phone Work _____ Home _____ Cell _____

Where are you going? (name of training/school and location) _____

What is the primary focus of this training? _____

What organization runs the training you will be attending? _____

Is the training affiliated with the United Methodist Church? Check one: Yes _____ No _____

What are the dates of the training? _____

Is this a new training opportunity for you—one that you have not previously experienced?

_____ Yes _____ No

If no, have you received assistance from the Shawnee Valley District in the past to attend the training?

_____ Yes _____ No When? _____

What is the cost per attendee?

Tuition \$ _____
Books \$ _____
Room & Board \$ _____

Travel \$ _____
Miscellaneous \$ _____
Total \$ _____

**The Shawnee Valley District of the United Methodist Church
Scholarship Request Form**

Funding requested of SHV for this training: \$ _____

Are you receiving any additional funding support for this training? If so, please identify the source and amount:

Source: _____ Amount \$ _____

Source: _____ Amount \$ _____

Source: _____ Amount \$ _____

Source: _____ Amount \$ _____

How will you use this training within your local church or the district? Please answer in 50 words or less.

Why do you want to attend this training? Please answer in 50 words or less.

I request funding from The Shawnee Valley District of The United Methodist Church as documented in this form and attachments.

Signature _____

Printed Name _____

Date: _____

PLEASE SUBMIT YOUR REQUEST AND SUPPORTING DOCUMENTATION TO REV. BRENT WATSON AT
bwatson@wocumc.org OR BY MAIL TO THE SHAWNEE VALLEY DISTRICT OFFICE, 573 EAST MAIN ST.,
CHILLICOTHE, OH 45601

Please include copies of registration documents, receipts, etc.