

**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 \$ _____

