

NEW CASTLE PRESBYTERY
CHURCH DEVELOPMENT UNIT
SCHOLARSHIP APPLICATION

DATE SUBMITTED: _____

NAME: _____

CHURCH: _____

(Please check one)

MINISTER: _____ ELDER: _____ GROUP: _____

WHAT CONFERENCE WILL YOU ATTEND? _____

CONFERENCE DATE: _____

SCHOLARSHIP AMOUNT REQUESTED: _____

WHAT IS THE TOTAL COST OF YOUR TRIP? _____

HOW MUCH OF THE COST IS SUPPORTED FROM YOUR CONTINUING
EDUCATION/PERSONAL FUNDS? _____

WILL YOU RECEIVE FUNDS FROM OTHER UNITS IN THE PRESBYTERY?
___ YES ___ NO

IF YES, HOW MUCH? \$ _____

LIST WORKSHOPS IN WHICH YOU WILL REGISTER TO TAKE: *(Scholarships are for persons attending Evangelism, Church Growth, Multi-Cultural, Church Transformation and Revitalization training.)*

1. _____
2. _____
3. _____
4. _____
5. _____

Please use the space below to describe how you will share your knowledge learned and or experiences from the conference in your congregation and with the presbytery.

COMPLETED APPLICATION SHOULD BE RETURNED TO:

Rev. SanDawna Ashley, CDU Chair
Community Presbyterian Church
519 Rogers Road, New Castle, DE 19720

OR YOU MAY EMAIL YOUR APPLICATION TO: rev.ashley@comcast.net

Requests for funding should be received no later than 30 days before the event.