

WESTERN DISTRICT CONFERENCE
Application for Continuing Education Funds

I. Name and address

Phone: residence _____ office _____

II. Education background:

College education and degree _____

Seminary education and degree _____

Other education _____

Previous continuing education experience _____

III. Continuing education plan. Give a summary for which this aid would be used:

IV. Total cost of program \$ _____

Other aids and scholarships: \$ _____

*Congregation matching funds \$ _____

Western District funds needed: \$ _____

Congregation/Institution now serving _____

*The Western District Leadership Commission is willing to contact your Board of Deacons or congregation for you to request matching funds for your continuing education experience, or to explain the importance of budgeting for continuing education in the local church budget. Would you want us to write them on your behalf? Yes _____ No _____

If Yes, please supply the name and address of person to contact _____

V. Other comments and remarks:

Signature _____ Date _____

Return completed form to Western District Conference Minister, Box 306, North Newton, KS 67117

For Leadership Commission use:

Approved: Yes _____ No _____ Date _____ Date paid _____

Signed _____ Check No. _____