

APPLICATION FOR SCHOLARSHIP ASSISTANCE

Equipping Ministry Team

New Mexico Annual Conference, United Methodist Church

Attention: Equipping Ministry Team

11816 Lomas Blvd. NE, Albuquerque NM 87112

505-255-8786 Fax: 505-265-6184

Or email to frontdesk@nmconfum.com

NAME _____ **PHONE** _____

ADDRESS _____ **CITY** _____

STATE _____ **ZIP** _____ **EMAIL** _____

CHURCH _____ *If other than Pastor, please specify your leadership role* _____ *How many will be attending?* _____

NAME & DESCRIPTION OF EVENT TO WHICH YOU SEEK FINANCIAL ASSISTANCE:
(please attach a copy of the brochure with your application, when possible, or use backside)

DATES, PLACE OF THIS EVENT: _____

ANTICIPATED COST OF THIS EVENT:

Registration Fee _____ *Lodging, if needed* _____

Travel _____ *Meals* _____ *Materials* _____

AMOUNT YOU (and/or your church) EXPECT(S) TO BE ABLE TO PAY TOWARD TOTAL COST
AMOUNT YOU ARE REQUESTING _____

HAVE YOU RECEIVED PREVIOUS FUNDING FROM CTMD? If so, when and for what event? _____

How did attending this event impact your church in making disciples?

WHAT DO YOU EXPECT TO GAIN FROM THIS CONTINUING ED OPPORTUNITY AS RELATES TO THE CONFERENCE PRIORITY OF 'MAKING DISCIPLES?' :

Are you willing to share your training with others? _____
[A feedback form will be sent to you following the event, for return to the CTMD.]

Date _____

Signature _____ **Pastor's Sig.** _____

