



JULY 18–21, 2019
MINNEAPOLIS, MN
WOMEN'S CONFERENCE

SCHOLARSHIP APPLICATION

DIRECTIONS TO APPLICANT:

Please complete this page and then ask your Pastor or Women Ministries leader to complete the Pastor/WM Leader Reference Form (attached).

Your Pastor or Women Ministries leader should then forward the completed application so that it is received by Women Ministries **no later than March 15, 2019**. Send to Women Ministries, 8303 W. Higgins Road, Chicago, IL 60631.

PLEASE NOTE:

- A limited amount of aid is available for persons needing financial assistance to attend the I AM Conference.
- Partial scholarships will be awarded on a first come, first served basis depending on need.
- The completed application must be received in the Women Ministries office **no later than March 15, 2019** for consideration.
- All applicants must register and pay the \$100 nonrefundable deposit. Additional payments will be adjusted based on scholarship funds granted to each person.
- Notification of a scholarship award, if available, will be sent to your e-mail address (provided below) by **April 15, 2019**. If you are awarded a scholarship, you will receive instructions on how to register and be asked to confirm your intention to attend the conference.

A) GENERAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

STREET ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____

PHONE: _____ EMAIL ADDRESS: _____

NAME OF YOUR CHURCH: _____

CHURCH STREET ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____

I have attended previous Triennials sponsored by Women Ministries. YES NO

I have received scholarship assistance to attend previous Triennials. YES NO

B) STATEMENT OF NEED

Please describe any circumstances that might affect you/your family's ability to pay the full I AM Conference registration fee.



JULY 18–21, 2019
MINNEAPOLIS, MN
WOMEN'S CONFERENCE

SCHOLARSHIP REFERENCE FORM

DIRECTIONS TO PASTOR OR LEADER:

Please complete this form on behalf of the woman in your congregation who is requesting financial assistance to attend I AM Triennial. Both her application and your reference form should be completed so they are received by Women Ministries **no later than March 15, 2019**.

Send to Women Ministries, 8303 W. Higgins Road, Chicago, IL 60631.

PLEASE NOTE:

- A limited amount of financial aid is available for to attend the I AM Conference.
- Partial scholarships will be awarded on a first come, first served basis depending on need.
- All applicants need to register and pay the \$100 nonrefundable deposit. Additional payments will be adjusted based on the scholarship funds granted to each person.

GENERAL INFORMATION

APPLICANT FIRST NAME: _____ LAST NAME: _____

REFERENCE FIRST NAME: _____ LAST NAME: _____

REFERENCE TITLE: _____ EMAIL: _____

CHURCH NAME: _____

CHURCH STREET ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____

I would judge this person's need of financial assistance to be (please check one box): CRITICAL MODERATE SLIGHT

COMMENTS

If you have a brief explanation of the financial need(s) that you think would be helpful please add information here. _____

SIGNATURE: _____ DATE: _____