

Iowa Annual Conference Board of Laity Application for Scholarship Assistance for Laity Christian Education

Part I - Personal Information

Last Name	First Name	MI.	Phone/Home	Work
Street Address		City	State	Zip Code
Email		District		
Local Church Name and Address				

Part II -- Program/Event for which Assistance is Requested

Name of Project/Event	Dates
Location of Program/Event	
List the topics/subject areas and brief description of program (A copy of flyer/brochure may be submitted for this)	

This continuing education is to prepare me for leadership in the following area(s)

<input type="checkbox"/> Volunteer	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time
<input type="checkbox"/> Local Church	<input type="checkbox"/> District	<input type="checkbox"/> Conference

This education will be helpful to me in the following ways:

Part III -- Resources - Please itemize expenses that will be incurred by your participation in this Project/Event

Expenses:	Tuition/Registration	\$ _____
	Room and Board onsite	\$ _____
	Travel	
	Air	\$ _____
	Auto (15 cents per mile)	\$ _____
	 Total Anticipated Expenses	 \$ _____

Sources of Funding:

Local Church	\$ _____
Other (specify)	\$ _____
District	\$ _____
Other Conference sources	\$ _____
(Specify)	\$ _____
 Total Funding	 \$ _____
Left for you to pay:	\$ _____
Amount requested:	\$ _____

Authorized Signatures (required prior to consideration)

Pastor or Treasurer _____

District Superintendent _____

Approval for disbursement of funds:

Chair, Board of Laity _____

(The BOL will fund up to 80% of total expenses up to a Maximum of \$200 per person/per year)

Part IV -- Additional Information

The Board of Laity is committed to the development of lay leaders in the local churches of Iowa. ***To that end within 30 days after the event, we anticipate receiving from you (should financial assistance be granted) a written summary of your experience, including an overview of the project/event, what parts you found most helpful, new learnings and how you hope to use your experience in your church relationships.***

Date funds are needed _____ Date of this application _____

Your signature _____

Please mail completed application to: <i>(Be sure to apply at least 45 days before event to allow sufficient time for processing)</i>	Norma Morrison, Conference Board of Laity Chair 2117 Americana Ave Muscatine, IA 52761 563-260-7651 ibelieve@Q.com
--	---