

Iowa United Methodist Conference
Youth Worker Continuing Education
Scholarship Application Form

Name: _____

Address: _____

City/St/Zip: _____

Preferred Phone: _____

email: _____

Church: _____

District: _____

Your Position/Role: (circle all that apply)

Pastor/Youth Worker/Christian Education Director/Other _____

Paid Staff/Volunteer *If Paid* - Full-time/Part-time _____

Clergy/Laity *If Clergy* - Elder/Deacon/Probationer/Local Pastor _____

Name of event: _____

Date event was/will be held: _____

Provide a brief description of the event or attach a brochure or website description:

Briefly describe what you gained/hope to gain by attending this event:

Your total Cost of attending the event: (estimate as necessary)

Registration _____ Travel _____

Lodging _____ Meals _____

Total _____

Amount of scholarship assistance you are requesting _____

(Youth Worker Scholarships are typically granted for up to 1/2 of the registration fee for Iowa Conference trainings. Additional funds may be requested for *reimbursement* for travel, lodging, and meals for out of conference events)

What is your preference for receiving scholarship funds?

A reimbursement check made out to me.

A reimbursement check made out to my church.

A check sent directly to the event registrar.

Address where check should be sent:

Name: _____

Address: _____

City/St/Zip: _____

An attached copy of completed event registration form *must* accompany this application.

By signing this application I agree that any scholarship funds I receive will be used for the purpose of attending the event or to reimburse expenses already incurred from attending the event described.

Signed _____

Date _____