

CCV Continuing Education Scholarship Request Application

Name: _____

Email: _____

Address: _____

Preferred Phone: _____

Congregation or Ministry: _____

Total cost of attending: _____

Detail: If travel, room, course materials or other expenses are included in addition to tuition or registration fees please include here. _____

Amount you are requesting: _____

Typical CCV assistance is up to half of the total cost, but assistant amounts may vary based on the requestors ability to pay.

Session or council endorsement if applicable: _____

How do you serve that congregation or ministry (i.e., pastor, chaplain, elder, member with a particular area of interest)? _____

Name of educational opportunity: _____

Educational opportunity sponsored by: _____

Will you be receiving assistance from any other sources? Please describe: _____

Describe the educational opportunity you are interested in pursuing (i.e., conference, class, trip etc.) _____

Why do you want to attend or participate in this event? How will this experience foster lifelong discipleship formation? _____

How do you anticipate that this opportunity will enhance your ministry? _____

Are you willing to share something you learn at this opportunity with the Presbytery? _____

What encouragement from others to pursue this opportunity (session, colleagues, pastor, etc.)? _____

Please send this application to the chair of the commission.

NOTE: if you need additional space for any of your answers, you may use the back of this form or attach additional pages.