



Racial Ethnic & Women's Ministries Events Scholarship Application

Please submit both sides of the scholarship application 8-10 weeks prior to the specific event.

Please indicate the office to which you are applying: (Please apply to only one)

African Emerging Ministries	Multicultural Congregational Support
African American Congregational Support	Native American Congregational Support
Asian Congregational Support	New immigrants & Emerging Ministries
Cross Cultural Ministries	Portuguese Language Congregational Support
Gender & Racial Justice	Racial Ethnic Leadership Development
Hispanic/Latino-a Congregational Support	Racial Ethnic Schools & Colleges
Korean Emerging Ministries & Korean EM Ministries	Women's Leadership Development & Young Women's Ministries
Middle Eastern Ministries	

Date: _____

Name: _____

First
Middle Initial
Last

Address: _____

City
State
Zip

Phone number(s) (Home): _____ (work): _____ (Cell): _____
 (Please indicate which phone number you prefer)

Email: _____

Race/Ethnicity: _____ Gender: _____

Home Church: _____ Presbytery: _____ Synod: _____

Occupation: _____

Are you an: Ordained PC (USA) Minister _____ Ordained Elder _____ Young Adult _____ Youth _____
 (Please Check)

Commissioned Ruling Elder (formally CLP) _____ Deacon _____ Leader _____

Event information:

This scholarship is being requested for the following event in the church: _____

Dates of the event: _____

What do you hope to learn/gain from this event: _____

(Turn page over Complete and Sign)

Cost of event:

Registration \$ _____

Housing & Food \$ _____

Travel \$ _____

Total \$ _____

Personal statement:

Please answer the following 5 statements on a separate sheet of paper.

- 1) Why you want to attend this event?
- 2) Why are you seeking this scholarship?
- 3) How much is your church providing toward this event? _____
- 4) How much is your presbytery providing? _____
- 5) Other scholarship amounts? _____

***The Presbyterian Mission Agency cannot assure future funding beyond this scholarship, due to decline in funds available.**

BY SIGNING THIS FORM I AGREE THAT ALL INFORMATION PROVIDED IS CORRECT.

Signature: _____

Date: _____