



## HELLO FROM DISCIPLESHIP! Scholarship Application

Alecia Harrison & Lisa Philbeck, co-chairs  
(Effective 7/1/18)

Thank you for applying for scholarship assistance to attend one of our Women of the ELCA retreats/gatherings. We appreciate your interest in participating and want to support you as much as possible. Ideally we would like to have no barriers that prevent someone from attending any of our events. We are able to provide these scholarships through the generosity of many people who donate and funds that are raised. We want to be good stewards of these gifts and utilize the funds fairly. Because of this, we are asking for your help in stretching our scholarship budget to provide at least some assistance to as many young ladies as we can.

Our general guidelines are as follows:

- \$75 Scholarship - Recipient is responsible for any additional costs.
- Recipients must be between the ages 12 - 22 years.
- Recipients must complete an application and registration for the event, then submit both forms to Discipleship Chair(s). Discipleship Chair(s) will then notify the Registrar for the event of the recipient's attendance.
- Discipleship Committee Chair(s) will keep a spreadsheet of recipients, ages, and events.
- Can be used for Retreats or Gatherings (Spring & Fall Retreat and/or Annual Gathering).
- Recipients can receive the scholarship 3 times
  - 1 time between 12 years to 14 years
  - 1 time between 15 years to 18 years
  - 1 time between 19 years to 22 years

Keep in mind that many churches or other local sources are able to provide additional assistance and we urge you to explore those possibilities for any additional costs.

We want you to attend the programs you have chosen and appreciate the initiative you have taken to request assistance. If you have any questions, please contact the Discipleship Committee Chair(s).

# Leadership Legacy Scholarship Request Form

Please return this application along with your event registration to Discipleship

Committee Chair(s): \_\_\_\_\_

Address: \_\_\_\_\_

## Participant Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State **NC** Zip \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Requested by \_\_\_\_\_ Date \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Event Name \_\_\_\_\_ Event Date \_\_\_\_\_

Have you applied for a Leadership Legacy Scholarship before? Yes \_\_\_ No \_\_\_

Total Event Fee: \$ \_\_\_\_\_

Amount of Leadership Legacy - \$ (75.00) \_\_\_\_\_

Amount family's church will pay - \$ ( ) \_\_\_\_\_

Amount the family will pay =\$ \_\_\_\_\_

Please use the space below to provide us with information that will help us in evaluating your request in relation to other applications we receive (# of dependents, family income, special circumstances, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## To be completed by Minister

Please select one:

\_\_\_\_\_ The church's contribution will be \$ \_\_\_\_\_.

\_\_\_\_\_ The church is not able to contribute to the registration fee.

Is there any additional information you feel would be helpful in reviewing this application?

\_\_\_\_\_  
\_\_\_\_\_

Minister's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

## IMPORTANT NOTES

This scholarship application is not an event registration, so it will not hold a space for the applicant. If the applicant's registration is paid in full, scholarship funds cannot be used as a form of reimbursement.

### FOR OFFICE USE ONLY

Name of Event \_\_\_\_\_ Date Received \_\_\_\_\_

Cost of Event \_\_\_\_\_ Scholarship Awarded \_\_\_\_\_ Recipient Part \_\_\_\_\_

Registrar Notified \_\_\_\_\_