

*EASTERN DISTRICT CONFERENCE*  
*Ministerial Leadership Committee*

**Application for Leadership Training Scholarship Aid**

Name \_\_\_\_\_

St. Address/ PO Box \_\_\_\_\_

Email Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Congregation \_\_\_\_\_

Conference-Related Ministry (if applicable) \_\_\_\_\_

Summary of previous education – name of course(s) and instructors:

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

List previous experience related to pastoral or other ministry.

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

Leadership Role: \_\_\_\_ Pastor, \_\_\_\_ Chaplain, \_\_\_\_ CRM leader/staff person, \_\_\_\_ other (please describe)

How will this scholarship assist you in your ministry?

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

Name of college, seminary or training program offering course:

\_\_\_\_\_

Date of course(s) \_\_\_\_\_ Length of course(s) \_\_\_\_\_

Total Cost of course(s) \$ \_\_\_\_\_ Cong./ CRM Subsidy \$ \_\_\_\_\_

Grant Amount Requested \$ \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Signature by elder/deacon or church chairperson: \_\_\_\_\_

Signature of conference minister: \_\_\_\_\_

*Please submit application to Warren Tyson, EDC Conference Minister, 771 Route 113, Souderton, PA 18964, email: [warrent@easterndistrict.org](mailto:warrent@easterndistrict.org).*

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Reviewed by Ministerial Leadership Committee:

Date: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Action: \_\_\_\_\_

Check No. \_\_\_\_\_

Am't Approved: \_\_\_\_\_