

APPLICATION FOR CONTINUING EDUCATION FUNDS
SOUTH CENTRAL MENNONITE CONFERENCE

I. Name and address: _____

Phone: Residence (_____) _____ Office (_____) _____

II. Education Background:

High School/GED _____

College education and degree _____

Seminary education and degree _____

Other education _____

Previous continuing education experience _____

III. Continuing education plan. Give a summary or outline of the overall plan (if this request is part of such a plan) and date for which this aid would be used:

IV. COSTS: Tuition or Fee \$ _____
 Meals and Lodging \$ _____
 Travel \$ _____
 Total Cost of Program \$ _____

RESOURCES: Self \$ _____
 Congregation/employer \$ _____
 Institution \$ _____

CONTINUING EDUCATION Funds Needed \$ _____

V. Other comments or remarks: _____

VI. Make payment to: _____

Address _____

Signature of Applicant _____ Date _____

Congregation now serving _____

RETURN TO: South Central Mennonite Conference, P O Box 564, Hesston, KS 67062

FOR OFFICE USE: Approved: Yes _____ No _____ Date _____
Signed _____ Date paid _____ Check No. _____