

**APPLICATION FOR CONTINUING EDUCATION SCHOLARSHIP
DESERT SOUTHWEST ANNUAL CONFERENCE**

Funds are available for the following persons: Elders under appointment, Deacons in full connection under appointment, Probationary Members, Full-time and Part-time local pastors under appointment, Diaconal ministers under appointment, Associate members under appointment, lay persons seeking certification through GBHEM programs.

Part I: Personal Information

Name _____ Phone _____

Address _____

Email _____

Conference Relationship: Elder__ Deacon__ Probationary Member __ Local Pastor __ Other __

Charge _____ District _____

Part II: Continuing Education Event For Which Assistance Is Requested

Name of event _____ Date _____

Location _____

Part III: Expenses

Tuition _____ Meals _____ Lodging _____ Travel _____ Other _____ **Total** _____

Amount your local church budget contains for continuing education _____

Amount from local church budget being used for this event _____

If funds from your local church are not being used for this event, please offer an explanation _____

Part IV: Request for Financial Assistance

Amount Requested from Regular Ministerial Education Funds _____
(\$500 maximum per year, \$1000 max in four years)

Amount Requested from Minimum Salary Supplement Funds _____
(\$250 per year is available)

Total of funds requested (Add above two lines) _____

Date funds are needed _____ Check payable to _____

Name and address to whom check should be mailed (if different from applicant):

Signature of District Superintendent _____

Signature of Applicant _____

Return completed application to:
Rev. Robert Cutlipp, Continuing Education Registrar
261 N. 5th St. Show Low, AZ. 85901

Amount previously granted in calendar year _____

Amount Approved _____
Date _____