

PRINCE OF PEACE LUTHERAN CHURCH

APPLICATION FOR SCHOLARSHIP

This application requests that funds be provided from the **Adult Education Scholarship Fund** to support the following:

Name of Applicant: _____

Member of Prince of Peace: Yes ___ No ___ e-mail address _____

Address of Applicant for Mailing or other instructions and telephone number where you can be reached:

Funds are requested for what experience?

In what way will this experience prepare you for ministry at Prince of Peace and our community?

What is the overall cost for the event? _____ Date needed? _____

What is the amount of the scholarship you are requesting? _____
(Note that requester is expected to absorb part of the cost, unless financially unable.)

Amount approved _____ Date approved _____

Approved by: _____

Approved by: _____