

APPLICATION FOR SCHOLARSHIP FOR THE ACADEMY FOR SPIRITUAL FORMATION

DATE _____ ACADEMY DATE _____

NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE: HOME _____ WORK _____

E-MAIL _____

ARE YOU? RETIRED CLERGY/DIACONAL _____ LAITY _____

EMPLOYER _____

FINANCIAL ASSISTANCE WOULD BE: Appreciated Helpful Necessary

THE COST OF THE ACADEMY

Tuition, room and board (Includes Registration) _____

SOURCES OF INCOME FOR THE ACADEMY

Local church: continuing ed. or scholarship funds \$ _____

Denominational funding \$ _____

United Methodist Women scholarship \$ _____

Congregations in your area with scholarship funds \$ _____
(contact District Superintendent or other official)

Ethnic minority funding (if applicable) \$ _____

Family and friends who want to invest in your spiritual journey \$ _____
(Local church women's and men's groups may be supportive.)

Other sources \$ _____

Your personal investment in your Academy \$ _____

TOTAL AMOUNT RAISED FROM ALL SOURCES ABOVE: \$ _____

Recognizing that it is my personal responsibility to secure the funding needed to attend the Academy, I wish to apply for a scholarship from The Virginia Five-Day Academy For Spiritual Formation, Inc. in the amount of \$ _____

Please include a paragraph of no more than 50 words explaining why you are requesting Scholarship assistance.

Signature _____ Date _____