The Shawnee Valley District of the United Methodist Church Scholarship Request Form

Date:		
Church/Ministry:		
Name:		
Address:		
City	_ State	Zip
Church/Work email		
Personal Email		
Phone WorkHome		
Where are you going? (name of training/school and I		
What is the primary focus of this training?		
What organization runs the training you will be atten		
Is the training affiliated with the United Methodist Cl	nurch? Check one:	Yes No
What are the dates of the training?		
Is this a new training opportunity for you—one that y	ou have not previous	ly experienced?
Yes No		
If no, have you received assistance from the Shawned	e Valley District in the	past to attend the training?
YesNo When?		
What is the cost per attendee?		
Tuition \$ T Books \$ N Room & Board \$ 1	ravel S Miscellaneous S	\$ \$ \$

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Funding requested of SHV for this training:	\$
Are you receiving any additional funding suppor amount:	rt for this training? If so, please identify the source and
Source:	Amount \$
	church or the district? Please answer in 50 words or less.
Why do you want to attend this training? Plea	
	rict of The United Methodist Church as documented in this
Signature	
Printed Name	
Date:	

PLEASE SUBMIT YOUR REQUEST AND SUPPORTING DOCUMENTATION TO REV. CALVIN ALSTON, JR AT calston@wocumc.org OR BY MAIL TO THE SHAWNEE VALLEY DISTRICT OFFICE, 573 EAST MAIN ST, CHILLICOTHE, OH 45601

Please include copies of registration documents, receipts, etc.