

# SCHOLARSHIP APPLICATION FORM

Transformation Ministries (TM)

970 Village Oaks Drive, #101, Covina, CA 91724-0609  
800.299.3448 or 626.915.7641 \* 626.915.7649-fax

CONTACT INFO

Name \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ State/Zip \_\_\_\_\_

Position in Church (Pastor, Associate, Lay, Deacon) \_\_\_\_\_

EXPENSES

Worship Attendance \_\_\_\_\_

Church Budget \$ \_\_\_\_\_

TMin Mission Budget \$ \_\_\_\_\_

Prospected costs of this conference:

Conf. Fee \$ \_\_\_\_\_

Housing \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Amount, if any, the church provides for conferences and/or continuing education events. \$ \_\_\_\_\_

NARRATIVE

How will attending this conference strengthen you in ministry? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EVENT INFO

Conference/event you wish to attend.

Name \_\_\_\_\_

Dates \_\_\_\_\_ Deadline for registration \_\_\_\_\_

**Please complete the form in its entirety and fax or mail to:**

Transformation Ministries  
Church Resource Center  
970 Village Oaks Drive, Suite 101,  
Covina, CA 91724-0609  
Fax: 626.915.7649

After processing your request, you will be notified. Thank you.

### FOR OFFICE USE ONLY

\_\_\_\_\_ Approved \$ \_\_\_\_\_

\_\_\_\_\_ Declined

\_\_\_\_\_ Ck Request

\_\_\_\_\_ CC

From \_\_\_\_\_

To \_\_\_\_\_

Date \_\_\_\_\_

Notified \_\_\_\_\_ (Initials)

