

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)

