



EASTERN APCE SCHOLARSHIP APPLICATION
FOR MAY 6 – 8, 2019 CONFERENCE

Personal Information:

Name _____

Preferred Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Email _____

Service to Church:

Name of Church _____

Position (example, Pastor, Educator, CE Chair, etc.) _____

Information:

1. Have you received any scholarship assistance from EAPCE in the past? If so, when and how much? _____
2. Do you have any other sources of financial assistance such as continuing education?

3. Why do you want to attend the EAPCE Spring Conference? _____

4. How will you use what you learn at this conference in your church? _____

Signature: _____ **Date:** _____

Please return this form by **April 15th** to:

Sherri Adler (EAPCE Treasurer) at avashe@aol.com