

APPLICATION FORM
for
Scholarship Fund for Official Workers for Leadership Development

Name _____

Address _____ City _____

State _____ ZIP _____ Phone _____

Conference/Workshop I desire to attend (include dates; copy of brochure, if available): _____

Describe reason, need, motivation for attending. _____

Cost (Registration, Housing, Meals): _____

Amount in the local church budget for "Continuing Education": _____

How you plan to use this training in the future: _____

Any further comments that may be helpful to DEXCOM in making the decision whether or not to approve your request:

\$ _____
Amount Requested

(Signed)

NOTE: Following attendance of the requested event, please forward to the District Office a brief e-mail or written statement describing the benefits of attending and your overall evaluation of the conference/seminar. This information will be valuable to others considering future attendance

WGLDEXCOM