

**Presbytery of Missouri River Valley
Scholarship Application for Continuing Education Events**

Applicant's Name: _____

Address: _____

Phone: _____ E-mail: _____

Name of Church: _____

Name of Event: _____

Date of Event: _____

Sponsor of Event: _____

Description of Event:

Cost of Event: _____ Amount of Assistance Needed: _____

Other financial assistance you are receiving: _____

Describe how this event will benefit you in your ministry:

Signature

Date

Return your completed application to:
Jeff Dickinson
Faith, Education, and Leadership Development
2101 Liberty Lane
Papillion NE 68133-3306