



Mountain Sky Conference
of The United Methodist Church

Lay Scholarship Application

This application must be signed or acknowledged via email by the pastor of your local church and must be received by the scholarship coordinator at least one month prior to the date of the event. Forms that do not provide all requested information will be returned to the applicant for completion.

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Local Church _____
 Present involvement in local Church / District / Conference activities _____

Name of Event _____
 Date(s) of Event _____ Location _____

Program, Plan, and Sponsorship - Please attach to this application form a brochure, if available, describing the event. If a brochure is not available, provide detailed information about the event and its sponsorship on a separate sheet.

Cost of Participation:

Registration and Tuition	_____
Travel Cost	_____
Room and Meals	_____
Total Cost	_____

Resources for Funding:

Personal Resources *	_____
Local Church Contribution	_____
Other Resources	_____
Total Resources Available	_____
Balance Needed from BOLM Funds for this Event (Amount varies up to \$500)	_____

**Persons seeking Continuing Education for Laity funding are expected to pay a part of the cost of the event.*

The current scholarship coordinators are Nancy Flint and Ken Hazlitt

Mail or email application to either of the coordinators:

Nancy Flint, 125 Lewis Lane, Columbia Falls, MT 59912, neflint@gmail.com
 Ken Hazlitt, 206 Colorado Place, Sterling, CO 80751, khazlitt@juno.com



Please answer the following questions.

1. What do you hope to accomplish by participating in this program, plan, or event?

2. How does this complement your participation in your local church?

3. How does this help you and your church engage more effectively into the local community?

4. What do you see as benefits for the sub-district, district or the annual conference from your attendance at this event?

Please Note: You are expected to submit an evaluation of your experience within 30 days after the completion of the event. Please send it to one of the scholarship coordinators (listed on the bottom of the first page of this application).

On accepting this scholarship, I recognize that my name shall be placed on the conference leadership resource list and that I may be called upon to serve.

Date _____ Signature _____