

APPLICATION FOR APCL SCHOLARSHIP

Applicant's name: _____

Parish: _____ **Ministry position:** _____

Wk Phone _____ **Email** _____

Program/Activity and date for which Scholarship is requested: _____

Cost of above: _____

Scholarship amount requested (maximum \$200.00): _____

Rationale for requesting scholarship (include how this program/activity will enhance your ministry):

Signature: _____

Date: _____

Send application to current APCL Treasurer or email it to same. The current treasurer can be found at <http://www.apclindy.org/contact-us>

NB: Any member of APCL is eligible to apply for a scholarship for non-required workshops, retreats, conferences, etc.