

# NY Mennonite Conference Leadership Scholarship Request Form

Date funds needed by: \_\_\_\_\_ Conference/Course Dates: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Church: \_\_\_\_\_

**Name of Course/Conference:** \_\_\_\_\_

Educational Institution \_\_\_\_\_ Course work fee: \_\_\_\_\_

Travel expenses: \_\_\_\_\_ Amount request\*: \_\_\_\_\_

**Brief Description of Course/Conference:**

**Describe your expected outcomes (both personally and on behalf of the church):**

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## **NY Mennonite Conference Information**

Reimbursement Amount: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Denied for the following reason:

\* Our practice is to consider reimbursement up to half of expenses, depending on need. Please don't hesitate to make your need known. We strive to make the fund both easily available to all, and effective for those who need it most.