

## South Carolina Conference Ethnic Local Church Concerns (ELCC) Committee "Serving God by serving racial-ethnic ministries"

## S.C. ELCC SCHOLARSHIP APPLICATION

The Conference Center staff does not handle registration, hotel or travel arrangements for any events. Reimbursements are issued after the completion of the event. You are responsible for making your reservation and registration for your event. Receipts are to be submitted to Doris Seals or Tammy Fulmer. If you are awarded a scholarship, you will be reimbursed for the awarded amount only.

Application deadline is two months prior to the even	t deadline. Date:
Church name:	Average worship attendance:
Applicant's name:	
Home address:	City: State: <u>SC</u> ZIP code:
Phone number:	Email address:
Age: Under 35 35-54 55-64 65+	I am: clergy laity
Clergy only: Elder Full-time local Part-time	e local Deacon Associate member
Name of event:	Date of event:
SELECT FUNDING OPTION:  OPTION 1 – S.C. ELCC will pay the regist  OPTION 2 – S.C. ELCC will pay two night	s' lodging only OPTION 4 – Mission trips
Amount requested: \$ What will the fund	s be used for?
Event location: How o	lid you find out about the event?
Have you attended this event before? Yes No	
Have you been funded before by S.C. ELCC for this even	t? Yes No
Would you be willing to share information learned from	this event at a district or conference event? Yes No
Please share briefly why you want to attend this event:	
What leadership position(s) do you hold in your localchu	urch?
Youth event: Youth leader's name:	Leader's signature:
Your signature:	

**NOTE:** A typed report is required from the scholarship recipient to S.C. ELCC within 2 weeks of the funded function. Email this form, completed, to grants@umcsc.org, or mail or deliver it to Office of Connectional Ministries, Attn: ELCC Grant Processing, 4908 Colonial Drive, Suite 101, Columbia, SC 29203.

f \* I acknowledge I have read and understand the terms of the ELCC Scholarship.