

Presbytery of Arkansas
Development of Experts
Scholarship Fund

Date of Application: _____

Name: _____

Home Address: _____

Phone: _____ e-mail: _____

Church: _____ City: _____

Event: _____

Date of Event: _____

Place: _____

How will attendance at this training event help you in what you do in the church and in the Presbytery of Arkansas?

How will you share your learning within the presbytery?

| | | |
|----------------------------|----------------|----|
| What is the cost of event? | | |
| | Registration | |
| | Housing | |
| | Transportation | |
| | Food | |
| | | \$ |

| | | |
|--------------------------------|-----------------------|----|
| How will the costs be covered? | | |
| | Continuing Education | |
| | Other Scholarships | |
| | Church contribution | |
| | Personal contribution | |
| | Other | |
| | | \$ |

| | |
|------------------|----|
| Amount requested | \$ |
|------------------|----|

Return completed form to:
 Presbytery of Arkansas
 Attn: CEN Moderator
 9221 N. Rodney Parham Road
 Little Rock, Arkansas 72227

Or Fax
 501.224.2429

Questions: 501.663.2424

Follow Up Report
Presbytery of Arkansas
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What are some highlights of what you learned at the event?

How did you share your expertise within the presbytery?

At the conclusion of the event, mail this form to:

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