

Leadership Scholarship Application Form

\* Before beginning, please read instructions at the end of this application.

## Personal Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Date: |  |  |
|  |  | Last | First | M.I. |  |  |  |  |
| Address: |  |  |  | Phone: |  |  |
|  |  | Street address | Apt/Unit # |  |  |  |  |
|  |  |  |  | M/F:  |  |   |
|  |  | City | State | Zip Code |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Email: |  |  |
|  |  |
| Church name: |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is this a renewal application? |  | Yes [ ]  | No [ ]  |  | If yes, date first applied |  |  |
|  |  |  |

## References

Please list two references, one of whom is your current pastor or elder:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |
| Address: |  |  |  | Phone: |  |  |
|  |
| Email: |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Relationship: |  |  |
|  |
| Address: |  |  |  | Phone: |  |  |
|  |
| Email: |  |  |  |  |  |  |

## Program

What leadership development program will you be enrolling in? (Check one)

|  |  |  |
| --- | --- | --- |
| ACLD \_\_Alliance Center for Leadership Development  | Empower \_\_Ministry Certificate Program | Life on Life \_\_Journey Discipleship |
| Crown College \_\_ | Toccoa Falls College \_\_ | Simpson University \_\_ |
| Asbury Theological Seminary \_\_ | Other \_\_ (Name & web reference)  |

## Describe your leadership development goals, and how this program will help achieve them:

First year applications: complete this section. Renewal applications: this section optional. 250-350 words.

|  |
| --- |
|   |

## Describe your current service at the local church, District, National or International level:

Complete for both first year and renewal applications.

|  |
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|  |

## Required Attachments:

**First year application**: proof of enrollment in an eligible program and recent picture.

**Renewal application**: evidence of previous year’s successful course completion.

I hereby affirm the above information is true and correct. I also agree to refund the scholarship amount should I withdraw before successfully completing the course or program.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |
|  |
| Print name: |  |  |

## \* Instructions:

**This MS Word file may be printed and completed in ink or edited and saved as a file on your computer.**

**Complete, print, sign, scan and email all pages, including all required attachments to: AllianceWomen@cmalliance.org**