



Scholarship Request Form

Applicant Full Name _____ Birthdate _____
(first) (last) (if under 18)

Home Address _____ City _____ Zip _____

Email address _____

Home Church _____

Pastor's Name _____
If you have no pastor at this time, the moderator's name will suffice

I am requesting a scholarship for:

*Is your local church providing financial support? YES ___ NO ___ If YES, how much? \$ _____
I understand that if I do not attend this event, I will return the scholarship amount. I also understand that I may be required to report my experience to NCNC PAAM at a regular meeting.*

Applicant's Signature _____

Pastor/
Moderator signature _____

Date: _____

All requests are to be submitted at least 2 weeks prior to the event. Scholarships are based on date received and amounts are based on scholarship fund remaining when application is received. All applications must be received and approved by the majority of the NCNC PAAM officers.