**2017 Minneapolis Area Synod Assembly**

**Scholarship Application**

APPLICATION DEADLINE: March 31, 2017

Complete a separate application form for each individual requesting aid, photocopying this form as needed. Financial aid grants are available to voting members of the Assembly only, not visitors. Grants are given on a first come, first served basis.

NAME

 Rostered voting member Lay voting member Retired Rostered voting member

ADDRESS PHONE ( )

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congregation of membership:

FOR ACTIVE ROSTERED LEADERS: Congregation/Agency you presently serve:

The Assembly fee for voting members is $120.00. The most that can be requested is half of the registration fee. What amount are you requesting? $

Briefly state the nature of your needs. *Please include any financial support information that may apply.*

Return completed application to: **Minneapolis Area Synod Assembly**

 122 W. Franklin Ave Room 600

 Minneapolis, MN 55404-2474

Or Scan and email the application to: Dee Cole Vodicka, d.vodicka@mpls-synod.org

 INTERNAL USE ONLY

 Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Review\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notification to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_