### School Information — For School Associated with Request

|  |  |
| --- | --- |
| Name of School to be Attended: |  |
| Address of School:  (Where funds will be sent) | Street or PO Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Town or City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Region or State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Person at School: |  |

### School Term / Funds Information

|  |  |
| --- | --- |
| School Year / Level / Form to be Attended: |  |
| School Term: | Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of Years in Scholarship Request: |  |
| School Fees / Per Year: | Local Currency: \_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. Dollars: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| School Uniforms /Per Year: | Local Currency: \_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. Dollars: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| School Supplies / Per Year: | Local Currency: \_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. Dollars: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total Amount Per Year: | Local Currency: \_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. Dollars: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total Amount All Years: | Local Currency: \_\_\_\_\_\_\_\_\_\_\_\_\_ U.S. Dollars: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Funds are Needed: |  |

### Approvals

This section is completed by the Provincial Coordinator, Sub-Desk Coordinator, and UWD Coordinator to indicate the applicant has been granted a scholarship.

|  |  |  |
| --- | --- | --- |
| Role | **Name and Signature** | **Date** |
| Provincial Coordinator: |  |  |
| Sub-Desk Coordinator: |  |  |
| UWD Coordinator: |  |  |
| Provincial Board President/Superintendent |  |  |
| Is this person an approved candidate for Ordination? \_\_\_\_\_\_\_\_\_\_ |  |  |

### Payment Information

This section is completed by the UWD Coordinator.

|  |  |
| --- | --- |
| Date Scholarship Awarded: |  |
| Date Check or Wire Transfer Sent: |  |
| Date Acknowledgement Received: |  |