

COTNER COLLEGE EDUCATIONAL MINISTRIES

P.O. Box 22957 -- Lincoln, Nebraska 68542
Telephone: 402-476-0359 Office Phone: 402-819-8557
www.disciples-ne.org

SCHOLARSHIP FUND APPLICATION FORM

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

Local Church Name: _____ City: _____

COSTS AND FINANCIAL NEED:

Cost of Educational Program for which you are applying for scholarship support: \$_____

Registration/Course Fees	\$_____
Transportation	\$_____
Books	\$_____
Lodging	\$_____
Meals	\$_____
Other	\$_____

Total Estimated Expenses \$_____

Other Financial Resources Available

From Congregation	\$_____
From Other Sources (service, religious groups)	\$_____
Personal Finances	\$_____
Other	\$_____

Scholarship Amount Requested \$_____

PURPOSE:

Description of educational program: _____

How will the course you hope to pursue support the Local Church where you worship? _____

What is your current relationship with the Local Church where you worship? _____

Will the study/course/training support your current ministry in the Local Church? Or, will it equip you for another form of ministry? Please Explain: _____

I have asked our Minister and/or Governing Body (e.g., Board of Directors, Core Team, Leadership Group) to support my efforts to pursue this education:

_____ Yes _____ No

If no, please explain: _____

AGREEMENT AND SIGNATURE:

Signature of Applicant

Date**This portion for Cotner Office use:**

Date Scholarship Approved/Denied: _____ Amount: \$ _____

Ck #: _____ Date: _____ Fund Name/Number: _____

RETURN COMPLETED FORM TO:

Option 1: Email to the Regional Office – candomgr@ccnebr.org

Option 2: Mail to – Christian Church In Nebraska – P.O. Box 22957, Lincoln, NE 68542

Questions? Please reach out to the Regional Minister at regmin@ccnebr.org or 402-476-0359