



**DENVER MILE HIGH CHAPTER
NATIONAL ASSOCIATION OF
CHURCH BUSINESS ADMINISTRATION**

For Office Use Only

Date Received

SCHOLARSHIP APPLICATION

I certify that I meet all of the criteria listed below, and hereby apply for a scholarship of \$ _____
(Maximum amount of scholarship/grant \$250.00)

1. Must be a member of NACBA.
2. Be a participating member of Denver Mile High Chapter.
3. Demonstrate a consistent Christian lifestyle.
4. Seeking to improve management skills.
5. Your local church does not pay 100% of your conference expenses. Approximate % paid

Signature _____

Date _____

I. INFORMATION

Name _____

Title _____

Employer _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

II. SCHOLARSHIP NEEDS

What training event are you planning to attend? _____

Date(s) _____ Cost _____

Location of event _____

Briefly describe your reasons for needing financial assistance. _____

What benefits/values do you expect to receive from this training? _____

Are there others assisting you financially? _____

Who? _____ How much? _____

Submit this application to: Teri Vasicek, FCBA, Mile High Chapter NACBA, St. Michael the Archangel Catholic Church, 19099 E Floyd Avenue, Aurora, CO 80013