APPLICATION FOR PARTIAL SCHOLARSHIP - October 5-7, 2023



"My Grace is all you need" 2 Cor. 12:9

Contact Information:	
Name	
Organization	<u> </u>
Address	
City, State, Zip Code	
Cell Phone Other phone	
Email	
Have you ever received a Scholarship from the A&F Conference? _	olarship priority will be given to first time attendees. neet the following criteria. ther source of funding is available at donated by sponsors until funds are exhausted. We will award as
Statement of interest: On a separate piece of paper write a brief et a. Why you want a scholarship to attend this conference. 2. What will you do as a result of attending the conference? Tell us in your community/church after receiving the scholarship. 3. Any previous addiction recovery experience/s. PLEASE LIMIT TO ONE TYPED PAGE.	ssay to tell us s how you plan to demonstrate a commitment to addiction recovery
Signature of applicant	
Name and address of Approving Organization (if applicable)	
Name and Title of approving organization personnel (if applicable)	