

# South Coastal District

## “The Gathering” Scholarship Application

January 4-7, 2011

### PASTOR INFORMATION:

Name: \_\_\_\_\_  
 Church Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

### REQUEST INFORMATION:

Please briefly describe the main reason that you need assistance with your registration to “The Gathering”:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### AMOUNT REQUESTED:

<b>Registration:</b>	\$400 (single) _____	\$500 (couple) _____
<b>Travel:</b>	Miles to travel to Jax _____	Could you carpool? _____
<b>Meals</b>	Number of Meals: _____	Expected Meal Total: _____
<b>Family:</b>	Will your family be attending with you? If yes, how many people total? _____	

**Total Projected Cost:** \_\_\_\_\_

### CALCULATE SCHOLARSHIP REQUEST TOTAL:

<b>Total Projected Cost:</b>	_____
<b>Total amount your local church is able to contribute?</b>	(Subtract that from total) _____

**Total Amount of Scholarship Requested:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to the District Office no later than October 28, 2010.  
**Late submissions will *not* qualify for scholarship consideration.**

**South Coastal District**  
 1261 Parker Rd SE, Conyers GA 30094  
 Fax 770-922-9331 - E-Mail: office@southcoastal.org