WOMEN'S HERITAGE SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE THE INFORMATION BELOW

PERSONAL INFORMATION			
Name:		Age:	Sex:
Address:Street/P.O. Box			
Street/P.O. Box	City	State	Zip Code
Phone:	Date of Birth:		
Email:	Conference: _		
Local church where you are a member:			
City/State:	Name of Pastor	r:	
EDUCATIONAL INFORMAT			
IPHC College you will attend:			
School year you plan to start:			
Degree you are pursuing:			
APPLICANT REQUIREMENT	ΓS		
 Be a member in good standing with an Submit proof of enrollment at an IPHC Submit a typed essay including: Current involvement in ministry Your personal goals in ministry Expound upon your interest in Wom studying the history of female ministry 	educational instituti en in Ministry (i.e. p	on.	
 4. Submit three (3) current letters of recoreflections upon your character and invalor Pastor Conference Women's Ministries Dire A lay person in your church (i.e. Sun 	volvement in ministr ector	y.	·
5. Application must be postmarked by Ju	ne 1st.		
Signature:			