

NATIONAL ASSOCIATION OF CONGREGATIONAL CHRISTIAN CHURCHES
NAPF/HOPE

SCHOLARSHIP FUND APPLICATION

PLEASE PRINT

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Member Church _____

Church address and phone _____

Church involvement – Please describe your past and current involvement in a local church.

Community involvement – Please describe any areas of community service in which you have participated in the past year.

Please briefly explain the limitations you, your family or church face in funding your attendance at this conference.

Please write an essay of 1000 words or less about what NAPF and HOPE means to you and why you feel you should receive an NAPF and HOPE scholarship. Please attach to application.

Signature of Applicant

Date

Signature of Minister

Date

Absence of any signatures will void this scholarship application