

**REQUEST FOR CONTINUING EDUCATION / NEAUCE SCHOLARSHIP**  
**SUBMISSION DEADLINE: MARCH 31, 2018**

Name: \_\_\_\_\_

Church: \_\_\_\_\_

Home Address: \_\_\_\_\_

Which address should we use to correspond with you? Home \_\_\_\_\_ Church \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Title/Function at Church: \_\_\_\_\_

Check All That Apply: Full time \_\_\_\_\_ Part time \_\_\_\_\_ (# Of Hours/Week) \_\_\_\_\_

Paid \_\_\_\_\_ Volunteer \_\_\_\_\_

Do you also have another job outside of church? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF REQUESTING FUNDS TO ATTEND NEAUCE, PLEASE ANSWER THE FOLLOWING:**

Member of AUCE: Yes \_\_\_\_\_ No \_\_\_\_\_

Attended NEAUCE in the Past: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which years? \_\_\_\_\_

Received Assistance to Attend NEAUCE in the Past: Yes \_\_\_\_\_ No \_\_\_\_\_

Your Registration Fee for this event: \_\_\_\_\_

Amount your church will contribute to your cost: \_\_\_\_\_

Amount you will contribute to your cost: \_\_\_\_\_

Amount requested from CAUCE: \_\_\_\_\_

Please share any other information that you would like us to know about your request: \_\_\_\_\_

**CAUCE Policies for granting financial assistance for continuing education/NEAUCE:**

1. Available funds are dependent upon annual membership contributions. Therefore the available grants are likely to change from year to year.
2. Grants will be given first to applicants attending NEAUCE for the first time.
3. Grants will be given next to applicants who have not received assistance in the past three years.

Applications will be reviewed by a committee comprised of the Conference Minister for Faith Formation, the CT Representative to NEAUCE and the Chair/Co-chairs of CAUCE.

Please note: The more funds the applicant/church can contribute, the more people will be able to share in the funds.

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**For CAUCE use:** Cost of event: \_\_\_\_\_ Applicant's contribution: \_\_\_\_\_  
Church's contribution: \_\_\_\_\_ CAUCE contribution: \_\_\_\_\_ Other: \_\_\_\_\_