



Scholarship Assistance Application
Use this form only for assistance with the
Star Island Clergy Conference
August 29 – Sept 3, 2010

First Name _____ Last Name _____

Your church position _____

Mailing Address _____

Home Phone _____ Work Phone _____

Email _____

Year of Ordination _____ Year called to this position _____

Church Name _____

Church Town/City, State _____

Church Phone _____

Church Email _____

You must submit the payment for your Room & Board deposit (\$150) and the Program Fee (\$100) at time of registration to be considered for scholarship. Scholarships are available in amounts up to \$500 per clergy applicant.

Amount local church will pay:

Amount you personally will pay:

Amount you are requesting in scholarship assistance:

Please provide us with a brief explanation of your need (use reverse side if needed):

Signature _____ Date _____

Return this completed scholarship application to:
Kris LoFrumento
Program Administrator of the Pastoral Excellence Program
MACUCC
One Badger Road
Framingham, MA 01702