

**EWI Training Scholarship Application**

*Please complete and return this form to* [*dlamp@barnabas.org*](mailto:dlamp@barnabas.org)*.*

*All decisions for scholarships are made by the scholarship committee.*

*Please allow 3 weeks for a response and plan the timing of your request accordingly.*

Name:

Address:

Phone: Cell:

Email: Skype:

Module for which you are applying for scholarship funding:

Course Name:

Date of Module:

City where module is being held:

Total cost of Module:

Amount of scholarship requested: *(Scholarships cannot be given for travel costs)*

Briefly describe your current ministry and how long you have been involved in it.

How do you see the EWI training to be a benefit to your current ministry?

What potential do you see for passing on this training to others in your country of service? Please share any specifics you are envisioning (country/ethnic group, ministry setting).

Are you planning to take all four core courses (*Facilitating Relational Learning, Developing a Discerning Heart, Discovery Bible Study, Women Serving Women)?* If not, which ones are you interested in taking?

List any previous scholarships you have received from EWI (or Entrust) for these courses, showing amount, module name, and date.

**We want to encourage and support you in finding additional funding for this training. Here are some additional questions to help you think through options. Please give a brief explanation for any “no” answers.**

7. If you received financial assistance for past EWI (or Entrust) training from other sources, can you apply to those sources again? Y/N (highlight one)

8. Have you applied to your church/organization for funding for this training? Y/N

9. Do you plan to contact friends, relatives, and church members (with your church’s approval) about financial support for this training? Y/N

10. Other information we should take into consideration regarding this

scholarship application:

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Amount of scholarship awarded by EWI: $\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_