

NORTHERN ILLINOIS SYNOD

Global Mission Committee - 2018 TRIP TO INDIA SCHOLARSHIP REQUEST FORM

Requirements: Recipient must

1. Be registered for the 2018 Trip or provide proof that s/he is able to go on the trip:
2. A member of a Northern Illinois Synod, ELCA, congregation
3. Agree to share his/her experiences with his/her congregation, other congregations in the Synod and as part of a workshop at the Congregational Resourcing Event, to deepen and enrich the understanding of this valuable Companion Synod Relationship.

Grant Amount Available: A total of \$2000 from the Global Mission Committee budget is available towards individual scholarships and support of the trip to India. An individual may request up to \$1000. The amount actually disbursed is dependent upon the number of requests and the individual need expressed in the requests. The decision on grant awards will be made by Bishop Clements and/or Northern Illinois Synod Vice-President Bill Bartlett.

The deadline for requests will be **September 30**. To request a grant, please complete Application form either online at [nisynod.org/grants-for-india-trip](http://nisynod.org/grants-for-india-trip) and submit OR print out and complete the Application Form on the next page and send to:

Northern Illinois Synod  
Deaconess Cheryl A. Erdmann  
Assistant to the Bishop  
103 West State Street  
Rockford, IL 61101  
815--964--2295 (Fax)  
E-mail: [cerdmann@nisynod.org](mailto:cerdmann@nisynod.org)

If a grant is awarded, it will be sent directly to Group Travel Directors and designated to be placed against the traveler's amount due.

APPLICATION FORM TO REQUEST A SCHOLARSHIP FOR THE 2018 NIS TRIP TO INDIA

Please provide a short (no more than two paragraph) explanation of why you are asking for this scholarship which includes 1) why you wish to participate in the trip 2) how receipt of a scholarship grant would help you to be able to be part of the trip. 3) information on your involvement in your congregation's/ congregations' ministries, synod ministries and ELCA ministries.

Personal Information

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

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E--mail Address: \_\_\_\_\_

Grant Request: \$\_\_\_\_\_

Are you receiving any other financial support for this trip from your congregation or other entity?

\_\_\_ yes \_\_\_ no

May we ask your congregation/pastor for a reference?

\_\_\_ yes \_\_\_ no

Signed \_\_\_\_\_

Date \_\_\_\_\_