

APPLICATION FOR CONTINUING EDUCATION COURSES/EVENTS

Glassell Fund Committee
The Presbytery of the Pines

Name: _____ Phone: _____

Address: _____

Email: _____

Date of Birth: _____

Name of home church: _____

Describe the specific purpose for which Glassell Funds will be used: _____

The financial assistance is to be applicable for study at:

Name of Institution/Organization: _____

Registered Course(s)/Event: _____

Please check one: Inquirer Teaching Elder/Minister Ruling Elder Candidate
 Christian Educator Lay Member of a Church

ESTIMATED EDUCATIONAL EXPENSES

Tuition/Registration: _____ Books: _____

Fees: _____ Board/Travel Total: _____

Other Expenses: _____

Estimated Educational Expenses: _____

Amount Requested from the Glassell Fund: _____

**I certify that the information contained herein is accurate and complete.

Signed: _____

Date: _____