



CHARLESTON ATLANTIC PRESBYTERY
PRESBYTERIAN WOMEN'S

FAYE RIVERS SCHOLARSHIP APPLICATION

Applicant's Name: _____

Email: _____

Mailing Address: _____

Cell Phone: _____ Church: _____

Name of the Event: _____ Date(s) of the Event: _____

Are you attending for the first time? ☐ No ☐ If no, when did you last attend? _____

Scholarship Requested: \$ _____

Is your church/PW organization helping pay for the event? _____

Have you applied for any other event scholarship? _____

Will you be willing to share the information you receive at this event with your congregation and others in the presbytery? _____

Describe how you and your congregation will benefit from attending this event.

Please list areas of congregational and/or presbytery ministry in which you are involved.

Signatures: _____

(Applicant)

(Pastor, Clerk of Session, PW Moderator)

Return this application to: CAP PW Susan Mellichamp, 1456 Allen Street, Mt. Pleasant, SC 29464 at least two months before early registration deadline.