

**APPLICATION FORM TO REQUEST ASSISTANCE FROM PWMPCT**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_ EMAIL \_\_\_\_\_

MEMBER OF \_\_\_\_\_ PRESBYTERIAN CHURCH OF

CITY \_\_\_\_\_

NAME OF ORGANIZATION SPONSORING THE EVENT \_\_\_\_\_

**REASON WHY YOU ARE REQUESTING ASSISTANCE** \_\_\_\_\_

IS ANY OTHER ASSISTANCE AVAILABLE \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU APPLIED FOR ANY OTHER ASSISTANCE \_\_\_\_\_ YES \_\_\_\_\_ NO

IS THIS AN EDUCATIONAL OPPORTUNITY \_\_\_\_\_ YES \_\_\_\_\_ NO

IS THIS A PERSONAL CHOICE OR WERE YOU CHOSEN TO ATTEND AND BY WHOM?

Are you willing to share your experience with pw groups \_\_\_\_\_ YES \_\_\_\_\_ NO

Without scholarship help, would you be able to attend \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you a member of pw group or other women's group in your church \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YOU ANSWER YES TO ABOVE QUESTION, SPECIFY TYPE OF GROUP AND ANY LEADERSHIP POSITION(S) HELD \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PW MODERATOR OR PASTOR SIGNATURE

MAIL TO: Sharon Carson, Moderator  
5610 Apple Creek  
San Antonio, TX 78222

For audit use:

Approved by PWMP Moderator \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Check no. \_\_\_\_\_

Amount: \_\_\_\_\_