



**Capital Region Theological Center
Scholarship Application**

Application Date _____

Course Applying for: _____ Course Date: _____ Cost: _____

Name: _____ Amount Requesting: _____

Address: _____
Street Address/P.O. Box City State Zip Code

Phone Numbers: (____) _____ (____) _____ (____) _____
Home Work Cell

Email Address: _____

Church Affiliation: (If applicable) _____ Church Address: _____

Pastor (if not you) or other Reference: _____ Reference's phone: _____

Are Continuing Education funds available to you through the church/agency? _____

Are Continuing Education funds available to you through your denomination? _____

Describe your Continuing Education experiences in the past two years: _____

Why do you want to take this course? _____

How will taking this course help you in your faith journey and/or ministry? _____

Pastor's/reference's statement indicating student's need for assistance and that the local church has supported all they can, _____

Student's Signature/Date

Pastor's/Reference's Signature/Date

Complete this form including signatures. Mail to: Capital Region Theological Center, 160 Central Avenue, Albany, New York 12206-2901 Or fax to: (518) 462-2453.

Questions call or email: Martha H. Reisner, Executive Director at (518) 462-2470, E-mail: info@capitalrtc.org

For CRTC Use Only: Approved: _____ Approval Amount: _____ Denied: _____ Denial Reason: _____

Student Informed: _____