



Scholarship and Grant Program

Sponsored by the
The Church Network Endowment Fund



12655 N. Central Expy. Suite 950
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The Church Network Endowment Fund Scholarship and Grant Program

SCHOLARSHIP PROGRAM (Maximum amount of scholarship for 2024 conference use is \$600 & certification use is \$300). **Please submit application and await approval before registering.**

In keeping with its mission of providing resources and training to church administrative leaders The Church Network is offering financial assistance for professional development and training to TCN members.

Scholarships will be available for training opportunities at TCN conferences (up to a maximum of \$600) and certification seminars (up to a maximum of \$300).

There is a **limit of one scholarship per person per organization per calendar year.**

Scholarships for individuals will be based on various factors. Each application will be reviewed according to funds available and specialized need, and applicants must meet the criteria listed below:

1. Must be an Active (based on TCN membership classification) member of The Church Network.
2. I am NOT a team leader on the local national conference support team.
3. Must be seeking to improve management skills.
4. Must be working for a local church which does not pay 100% of conference or certification expenses.
5. Conference scholarships will ONLY be awarded to those individuals registering for the *full TCN conference and register to stay in either the Hyatt Regency Lexington (headquarters hotel), or the Hilton Lexington Downtown during the 2024 TCN conference.*

After an applicant for a scholarship is approved, the financial aid will be paid directly to the registrar of the conference, or certification center the applicant will be attending. We ask that you request only what you need in the amount of your scholarship. Please be prudent with your request to permit more individuals to utilize the scholarship program.

APPLICATION PROCESS

To apply for a scholarship, return completed application form to The Church Network national office for review and approval. By November of each year, we will know the amount of funds available to be awarded during the next calendar year.



Date Received

2024 ENDOWMENT FUND SCHOLARSHIP APPLICATION

We ask that you request only what you need in the amount of your scholarship. Please be prudent with your request to permit more individuals to utilize the scholarship program.

I certify that I meet all of these criteria and hereby apply for a scholarship of \$ (Maximum amounts of scholarship - \$300 for certification or \$600 for conference—limit of one scholarship per person per organization per calendar year). I understand that the financial aid will be paid, upon approval of scholarship, directly to the registrar of the conference or the certification center I plan to attend. Please submit application and await approval before registering.

- 1. I am an Active member (based on TCN membership classification) of The Church Network national organization.
2. Did you receive a scholarship last year?
3. I am NOT a team leader on the local national conference support team.
4. I am seeking to improve management skills.
5. My local church does not pay 100% of my conference or certification expenses.
6. If this scholarship is for the 2024 TCN conference, I understand I must register for the full TCN conference and register to stay in either the Hyatt Regency Lexington (headquarters hotel), or the Hilton Lexington Downtown during the 2024 TCN conference.

Signature Date

I. INFORMATION

Name Spouse
Title
Employer
Business Address
City State Zip
Phone Fax
Home Address
City State Zip
Home Phone E-Mail

II. THE CHURCH NETWORK INFORMATION

Working toward CCA? Yes No Year CCA Awarded
Certification center attended
Working toward retention? Yes No Is there a chapter near you?
I am a member of Chapter in

III. EDUCATION BACKGROUND

Year completed high school
College(s) attended (if any)
Year graduated from college
Post graduate studies/degrees

IV. PROFESSIONAL EXPERIENCE

Table with 4 columns: Employer, City/State, Your Position, Years Served. Rows 1-5.

V. SCHOLARSHIP NEEDS

What training event are you planning to attend? _____

Date(s) _____ Cost _____

Location of event _____

Briefly describe your reasons for needing financial assistance. _____

What benefits/values do you expect to receive from this training? _____

Are there others assisting you financially? _____

Who? _____ How much? _____

VI. YOUR FUTURE EDUCATION PLANS

Briefly describe your continuing education plans for the next four years. _____

VII. REFERENCES

Please list three personal references.

1. Pastor/Co-worker _____

Address _____

City _____ State _____ Zip _____

Phone _____

2. TCN Member _____

Address _____

City _____ State _____ Zip _____

Phone _____

3. Friend _____

Address _____

City _____ State _____ Zip _____

Phone _____

This application to be returned to:

The Church Network
Attn: Tammy Mirau (tammy@thechurchnetwork.com)
12655 N. Central Expy. Suite 950
Dallas, Texas 75243-3811
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