



Event Scholarship Application

Cotner College Educational Ministries
237 South 70th Street, Suite 221, Lincoln, NE 68510-2467
402.474.3207 – adminasst@ccnebr.org

Name: _____ Phone (____) _____

Address: _____
Street Address/Box Number City State Zip Code

Name and address of Congregation of which you are a member:

Title of Event you expect to attend: _____
(Please attach copy of Event Brochure)

Date of Event: _____

Place of Event: _____

Sponsor of Event: _____

What do you anticipate gaining from this experience? _____

Will this event be used for continuing education contact hours? Yes No

Cost of attending (include registration, room and board) \$ _____

Travel cost \$ _____

Total cost of event \$ _____

What do you expect to pay toward the costs from your personal resources? \$ _____

What amount of scholarship aid are you requesting? \$ _____

List a reference from your congregation:

Name: _____

Address: _____

Telephone: _____

Applicant's Signature _____

Date _____

If this Application is approved, do you authorize Cotner College to include your name and the name of the church of which you are a member in publications of Cotner College, the Christian Church (Disciples of Christ) in Nebraska, and the Nebraska Conference of the United Church of Christ? Yes No

Return completed application to: Cotner College,
adminasst@ccnebr.org 237 South 70th Street, Suite 221
Lincoln, NE 68510-2467

This portion for Cotner College office use:

Amount of Scholarship Granted: \$ _____

Date Scholarship Approved: _____

Scholarship Check: _____
Ck # Date Amount Fund Name/Number