2009-2010 Touch-a-Life
Scholarship Application

Church or Ministry Name: _____ Date: _____
District (if applicable): _____
Contact Name:_____ Position: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone 1: _____Phone 2: _____
Email 1: _____ Email 2: _____
What is the best way to contact you quickly? Phone _____ Email _____
How many children are you estimating will attend? Early Childhood_____ Elementary_____
What is your one-year cost estimate? _____
Attach your one-year detailed budget
What plans do you have (financial or otherwise) for partnering with the Church of the Nazarene International Headquarters to ensure the success of your ministry? Or, how will your commitment be demonstrated?

_____
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_____

Please describe your existing or proposed Touch-a-Life ministry in no less than 500 words:

_____
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_____

(Use back of sheet to complete this section)

District Superintendent Approval Signature _____

** Application must be postmarked or faxed by November 30, 2009 **