

Elizabeth Ann Parnell Scholarship Application

Director's Name _____ Date _____

Church Name _____

Program Name _____

Program Address _____

City _____ Zip _____ Phone _____

E-mail Address _____

Program Information:

Association Membership Number (required) _____

Years Experience? _____

Program Days? _____

Program operating hours? _____

How many staff are employed? _____

How many children are enrolled in program? _____

What ages are enrolled? _____

What curriculum does program utilize? _____

Does program budget provide for Director Leadership Development? _____

Church Weekday Education conferences attended? _____

Scholarship funds requested:

_____ LifeWay's National Preschool/Children's Convention

_____ Baptist General Convention of Texas Preschool/Children's Minister's Retreat

_____ Willow Creek Leadership Summit (satellite location)

_____ Texas Baptist Church Weekday Education Association Director's Retreat, Ft. Worth

_____ Texas Baptist Church Weekday Education Association Weekday State Conference

_____ Texas Baptist Church Weekday Education Association On-Site Consultation visit

Texas Baptist Church Weekday Education Association regional conference:

_____ Shearer Hills Baptist Church, San Antonio

_____ Wayland Baptist University, Plainview

_____ Green Acres Baptist Church, Tyler

_____ Southwestern Baptist Theological Seminary, Fort Worth

_____ Collin County, First Baptist Church, Plano

_____ Houston Weekday Conference, Houston

Please indicate any special circumstances that would help the scholarship committee evaluate your application.

Signature of Director

Printed Name

Signature of Pastor

Printed Name

- * An applicant of the scholarship must be a current year member of Texas Baptist Church Weekday Education Association.
* The scholarship is granted periodically throughout the calendar year.
* A recipient of the scholarship is eligible for the scholarship fund every two years.
* If for any reason the scholarship recipient is unable to attend the conference for which the scholarship was granted, Texas Baptist Church Weekday Education Association requires that the money granted be returned to the association.

Please return the completed application to:
Texas Baptist Church Weekday Education Association
P.O. Box 940865
Plano, TX. 75094-0865

Office Use Only

Date application reviewed _____
Status of Application _____ Approved
_____ Not approved

Scholarship amount approved _____
Date center notified _____