

# Area Conference Leadership Fund: A Clayton Kratz Memorial

(sponsored by Delaware Valley MEDA and the Mennonite churches of the Franconia and Eastern District Conferences)

## Application Form

Date of Application: \_\_\_\_\_

Full name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Congregation: \_\_\_\_\_ Conference: \_\_\_\_\_

Name of Institution enrolled at: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Field of study: \_\_\_\_\_

Describe the ministry called to or anticipated during or following education: \_\_\_\_\_

Estimated or actual cost of tuition, per year: \_\_\_\_\_

Estimated or actual cost of textbooks and supplies, per year: \_\_\_\_\_

Estimated **total cost** of education  
(tuition, books, supplies, lodging, food, child care, transportation, etc.), per year: \_\_\_\_\_

Amount of scholarship from own congregation: \_\_\_\_\_ from other sources: \_\_\_\_\_

School year or date(s) of courses to be taken: \_\_\_\_\_

- + Attach letter explaining the need for financial assistance (from Area Conference Leadership Fund).
- + Attach letters from pastor and spouse or extended family member affirming your gifts and calling to ministry.

Send to: Director of Finance  
Mennonite Conference Center  
771 Route 113  
Souderton, PA 18964