

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
569 Yoder Rd.
Harleysville, PA 19438