

SCHOLARSHIP FUNDS AWARD REQUEST FORM for Events of

The Society of the Companions of the Holy Cross

Our scholarship funds awards enhance our ministry of welcome, and support accessibility to Adelynrood, to programs, retreats, conferences, and volunteering.

Name _____ Date _____

Email _____ Mobile phone _____ Home phone _____

Address _____

Which event and time frame are you interested in? *Please note this is NOT your REGISTRATION FORM. See below.*

Event name _____ Date of event _____

I plan to arrive in time for

Breakfast Lunch Dinner On _____
Date Day of week

I plan to depart after

Breakfast Lunch Dinner On _____
Date Day of week

What amount are you requesting?

Program fee \$ _____

Room & Meals \$ _____

Travel \$ _____

Total request \$ _____

Check all that apply:

- Guest SCHC Companion
 SCHC Discerner I am scheduled to volunteer
 EfM Graduate EfM Student currently

Your thoughts on how a fund award will be meaningful to you are appreciated for planning purposes and ongoing support for these funds.

How did you hear about fund award opportunities?

Have you attended conferences or retreats at Adelynrood before? Yes No

If yes, when? _____

Did you receive financial assistance? Yes No

EfM applicants: Name and email of (a) mentor if current student, or (b) mentor or clergy person at congregation if graduate

Name _____ Email _____ Where enrolled _____

Return this form by email to: scholarship@Adelynrood.org

Fund award does not guarantee admittance to an event.

This is not your event registration form. Please register for the event and make your room and meal reservations directly to Reservations@Adelynrood.org or mail to Adelynrood Reservations, 46A Elm Street, Byfield, MA 01922-2812

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