

Seminar/Training Assistance Application

Applicant Information

Full Name: _____
First *Last*

Address: _____
Street Address

City *State* *ZIP Code*

Phone: () _____ Email: _____

Church: _____ Position: _____

Seminar Information

Seminar Name: _____

Location: _____

Date: _____ Cost: _____

Seminar Description: _____

Seminar/Training Assistance is limited to a maximum of \$500 per person, with a limit of two people per event, per church. Expenses will be reimbursed to the church only, not to the individual.

Pastoral Approval (Signature): _____ Date: _____

Please send completed form to Michael Sweet (Board of Discipleship Director) at michaelcsweet@gmail.com. If you have questions, call Michael at (406) 321-0553.

Conference Approval: _____ Date: _____

After the seminar, please send Michael Sweet (at the email above) a one page recap of insights, trends or training highlights you found helpful that would be beneficial to the Western Conf. Churches.

Please send receipts for reimbursement to: Western Conference Office, Attn: Brent Nymeyer, 3145 Sweetwater Drive, Billings, MT 59102 or email to: brent@faithe.org.