



South Carolina Conference Ethnic Local Church Concerns (ELCC) Committee

"Serving God thru Advocacy for and the Strengthening of Racial-Ethnic Congregations"

Pastor Carleathea M. Benson, Chairperson

ELCC SCHOLARSHIP APPLICATION (FOR LAITY)

Date _____

1. Applicant's Name: _____
First Name MI Last Name
2. Home Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Phone Number: _____ Fax Number: _____
5. E-mail Address: _____
6. Age Category: () Child () Youth () Young Adult () Middle Adult () Older Adult

Laity Scholarship being requested (*check one*):

- ☐ South Carolina Caucus Black Methodists for Church Renewal Harambee (SC BMCR Harambee)
- ☐ Southeastern Jurisdiction Black Methodists for Church Renewal Harambee (SEJ BMCR Harambee)
- ☐ South Carolina Laity Convocation
- ☐ Summit on the Black Church
- ☐ IMMERSE
- ☐ Granville Hicks Lecture Academy
- ☐ Other (specify) _____

Please provide the information below:

- A. Date of the Event/Program/Training Scholarship is being requested for: _____
- B. Place where the Event/Program/Training will be held: _____
City State
- C. How did you find out about this Event/Program/Training? _____
- D. Have you attended the Event/Program/Training before? () Yes () No
- E. Have you been funded by SC ELCC before for this Event/Program/Training? () Yes () No
- F. Would you be willing to share information learned from this Event/Program/Training at a district or conference event? () Yes () No
- G. Please share briefly and concisely why you want to attend this Event/Program/Training.

- H. What leadership position(s) do you hold in your local church? _____



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Applicant's Name _____
First MI Last

Name of your local church: _____

District: _____

Pastor's Name: _____

Physical Address of local church: _____

City

State

Zip Code

Mailing Address of local church: _____

City

State

Zip Code

Phone Number of local church (include area code): _____

Fax Number of local church (include area code): _____

E-mail Address of local church: _____

Required Signatures: *(the pastor must sign-off on all application requests.)*

Pastor's Signature: _____ Average Worship Attendance: _____

Youth Coordinator's Name Printed: _____

Youth Coordinator's Signature: _____ (for youth-related requests)

****NOTE: A typed report is required from the Scholarship Recipient to SC ELCC within 2 weeks of the funded function.**

Return this form to: Pastor Benson by: E-mail to: cabenson@umcsc.org or

Mail to: Pastor Carleathea M. Benson, ELCC Chair, 1201 Royal Summit Dr., Seneca SC 29678-1326

All applications are received and acted upon on a first-come first-serve basis. All requested information must be provided. Incomplete applications will not be considered. No Application will be processed after a stipulated deadline.

Thank you.