



North Arkansas Baptist Association

CDT Scholarship Application

Applicant Information

Full Name: _____ D.O.B: _____
Last First M.I.

Church Address: _____
Street Address

City State ZIP Code

Phone: _____ Email _____

Is your church able to assist in cost? YES NO If no, are you able to assist with cost? YES NO

If yes, what amount will your church be covering? _____ If yes, what amount will you be covering? _____

Have you used the CDT scholarship before? YES NO If yes, when? _____

Are you the responsible party of your ministry for the conference/institution YES NO If no, what ministry are you functioning under? _____

Institution or Conference Information

Institution/Conference name _____ Address: _____

Purpose: _____

Student ID# _____

Disclaimer and Signature

I understand that the Church Development Team reserves the right to deny scholarship funds for reasons of budget, doctrine, or any other reason deemed necessary by the team. I further understand written documentation of the conference/institution fees must be submitted with this application.

Signature: _____ Date: _____