# Committee for Care Ministries (CCareMin)

# Scholarship application form

## Applicant details

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone number (work hours) |  |
| Email address |  |
| Employing organisation |  |
| Role within employing organisation |  |

## Application details

Care Ministries scholarships are available for:

* Education and formation in pastoral care and chaplaincy; and
* Resourcing for your caring ministry.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 1: Education and formation/resourcing details | | | | |
| Explain what you are applying for. | | | | |
|  | | | | |
| Section 2: Benefits | | | | |
| How will the scholarship benefit your ministry/chaplaincy? | | | | |
|  | | | | |
| Section 3: Previous scholarships | | | | |
| Provide details of previous scholarships that you have received. | | | | |
|  | | | | |
| Section 4: Expenses | | | | |
| Indicate all expenses and total requested funds for the scholarship. Include evidence of expenses (e.g., copies of quotes received, invoice, advertising for training event, unit details). | | | | |
|  | | | | |
| Section 5: Personal contribution | | | | |
| Are you contributing to the training or resource development? Provide details of your contribution. | | | | |
|  | | | | |
| Bank details | | | | |
| Please provide account details for the transfer of funds | | | | |
| BSB | |  | | |
| Account number | |  | | |
| Checklist | | | | |
| Please ensure the following documentation is provided. | | | | |
| A letter of support from your line manager/pastor  Documentation regarding training expenses or expenses for resourcing | | | | |
| Information release | | | | |
|  | I am willing to abide by the CCareMin scholarship guidelines and provide a report to the CCareMin on my use of the funds. | | | |
|  | I am willing for my report and the photos I provide to be shared via the Care Ministries eNewsletter and/or *The Lutheran* magazine. | | | |
| Name and signature of applicant | |  | Date |  |
| Name and signature of pastor/line manager | |  | Date |  |

Enquiries to [careministries@lca.org.au](mailto:careministries@lca.org.au) or 08 8267 7300

Send the completed application form and supporting documentation to:

[careministries@lca.org.au](mailto:careministries@lca.org.au)

Alternatively, post the form, and supporting documentation to:

Scholarships

Committee for Care Ministries

Dr Tania Nelson

197 Archer St

North Adelaide SA 5006