



Grand Canyon Synod Women of the ELCA Convention/Gathering Scholarship Application

I am interested in the attending the Grand Canyon Women of the ELCA Convention/Gathering and would like to apply for one of the Scholarships available.

Please mark below the scholarship for which you will be applying:
$\hfill\Box$ I am a woman between the ages of 18 – 30 and have not attended a Grand Canyon Women of the ELCA convention/gathering.
☐ I am a woman who is under the age of 40, is active in my church and/or community and has never attended a Grand Canyon Women of the ELCA Convention/Gathering.
☐ I would like to attend the Grand Canyon Women of the ELCA Convention/Gathering. I am unable to cover the cost of the registration fee.
☐ I would like to attend the Grand Canyon Women of the ELCA Convention/Gathering and I am a women of color and/or whose primary language is other than English.
☐ I would like to attend the Grand Canyon Women of the ELCA Convention/Gathering and I belong/attend a church that has a mission focus of our synod women.
PLEASE PRINT CLEARLY:
Name
Address
Preferred Phone Your Age
Email
Your church name

(over)

Your church city_

t you, and the women in your
rticipate in the opportunities written report of my experience nd the event, I will notify the Chair applicant.
Date

or by email: gmturner0123@aol.com

Application is to be returned by October 31, 2025 to:

Gail Turner, Co-Chair 520 W. Clarendon #D3 Phoenix, AZ 85013