



**National Association of Lutheran Interim Pastors**  
**NALIP**  
**PO Box 5235**  
**Midlothian, VA 23112**  
**Scholarship Application**

**Please print or type:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Denominational affiliation: \_\_\_\_\_

Name of Judicatory Leader (e.g., Bishop, District President) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

This application is for a scholarship to attend:

\_\_\_\_\_  
 (Name and dates of event)  
 \_\_\_\_\_

Describe briefly your reasons for seeking training for interim ministry. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Briefly state your need for financial assistance to attend this event. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List your planned financial resources to register for this event:

Personal Funds	_____	
Continuing Education Funds	_____	
Synod/District Grant	_____	
Personal Loans	_____	
NALIP Scholarship	_____	
TOTAL	_____	(Should equal the total event registration fee)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a letter of approval and endorsement from your judicatory leader. Leader should indicate willingness to assign you to an interim ministry situation. An alternative would be to have your judicatory leader send such a letter directly to NALIP, P.O. Box 5235 Midlothian, VA 23112**