



**CHRISTIAN METHODIST EPISCOPAL CHURCH
NEW YORK - WASHINGTON REGION
WOMEN'S MISSIONARY SOCIETY**

W. Y. BELL GRANT APPLICATION

PURPOSE OF GRANT: To assist students in post-secondary education.

WHO MAY APPLY? Any member of a Christian Methodist Episcopal Church in the New York/Washington Region, who is active in his/her local church for at least one (1) year, can apply.

DATE: _____

NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE NUMBER: () _____ **DATE OF BIRTH:** _____

DISTRICT: _____ **LOCAL CHURCH:** _____

LOCAL CHURCH'S PASTOR: _____

COLLEGE/TRADE SCHOOL ATTENDING: _____

ADDRESS: _____

DEGREE SOUGHT: _____

ANTICIPATED GRADUATION DATE: _____

ANTICIPATED ANNUAL COST: \$ _____ **AMT. OF OTHER AID/GRANTS:** \$ _____

HAVE YOU APPLIED FOR THIS APPLICATION BEFORE? _____ **YES** _____ **NO**

IF YES, WHEN _____

ANNUAL CONFERENCE PRESIDENT: _____

DISTRICT CONFERENCE PRESIDENT: _____

LOCAL MISSIONARY PRESIDENT: _____

APPROVAL: _____
Signature and Date (for official use only)

The New York - Washington Region Women's Missionary Society has a limited amount of funds; therefore, the above information is necessary, so that your application can be processed.