

SCHOLARSHIP APPLICATION Church Interpreter Training Institute

Name _____ Date of Birth _____ Date _____

Address _____ City _____ State _____ Zip _____

Church Denomination

| | | |
|--|---|---|
| <input type="checkbox"/> Lutheran LCMS | <input type="checkbox"/> Episcopal | <input type="checkbox"/> Nazarene |
| <input type="checkbox"/> LCMS District _____ | <input type="checkbox"/> Presbyterian _____ | <input type="checkbox"/> Mennonite |
| <input type="checkbox"/> Lutheran WELS | <input type="checkbox"/> Methodist _____ | <input type="checkbox"/> Church of Christ |
| <input type="checkbox"/> Lutheran ELCA | <input type="checkbox"/> Baptist _____ | <input type="checkbox"/> Wesleyan |
| <input type="checkbox"/> Lutheran _____ | <input type="checkbox"/> Assembly of God | <input type="checkbox"/> Non-denominational |
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Pentecostal _____ | _____ |
| <input type="checkbox"/> Orthodox _____ | | |

I am working in deaf ministry now.
Name & phone of reference _____

My home congregation has a deaf ministry.
Name & phone of Pastor. _____

My congregation wants to start a deaf ministry
Name & phone of Pastor. _____

I hope some day I will find a church to do deaf ministry.

I am working with a deaf congregation.
Name & phone of Pastor. _____

The Cost of CITI for 2020 Program is \$400.00 (Resident) or \$250 (Commuter)

I request that I be considered for a scholarship from CITI to help pay the cost.

| | |
|-------------------------------------|-----------------------|
| My congregation can support me with | \$ ____. |
| My District can support me with | \$ ____. |
| The LWML or Women's guild has given | \$ ____. |
| Thrivent | \$ ____. |
| _____ Mission Society | \$ ____. |
| Friends and family | \$ ____. |
| Other \$ help _____ | \$ ____. |
| Other \$ help _____ | \$ ____. |
| I can pay for my self | \$ ____. |
| Cost for CITI | \$ 400 / \$250 |
| REQUESTED AMOUNT OF SCHOLARSHIP | \$ ____. |

Cost of flight or travel to CITI round trip \$ ____.

A grant was made available for partial scholarships for students involved in Lutheran churches/ministries.

Please check here to apply

The CITI program is to promote Deaf Ministry. We like to see people raise as much as possible for their CITI experience.

Call 260-452-2283 Email CITI@ctsfw.edu