## Rural Ministry Award from the Clifford Elliott Spirit of Saskatchewan Trust

Name:					
First Name, Middle Name, Last Name					
Address:					
Street		City		Province	-
	Tel.				
Postal Code	Ноте	۸	Mobile/Work		
E-mail(s)					
Institution & Program:					
Year of entry into current post-graduate pr	ogram:				
Expected completion date:					
·					
Have you previously been received the Rur	al Ministry Awa				
		*If Yes,	please answer question	n #3 of Part II	
Name of Pastoral Charge being served:					
Name & Position of Presbytery or					
Conference Reference:					
Letter enclosed:	Yes	No			
Name of Lay Reference:					
Letter enclosed:	Yes	No			
1. Please outline your post-secondary	educational l	background in	ndicating what	schools you	have
attended/are attending, dates of atten	dance, and deg	rees or certifica	ates obtained.		
Institution	Date	Attended	Degree	e/Certificate	
				•	
Transcripts or proof of academic background	nd enclosed	Yes	No		
Date: Signature of	Applicant:				
	1- 1				

What particular focus in rural ministry engages you?	
ase indicate how you heard of the Trust Award	
What is the amount of your request?	
,	-