

SCHOLARSHIP APPLICATION FORM
CHURCH INTERPRETER TRAINING INSTITUTE

Name: Mr. Rev. Dcs. Mrs. Miss _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Application: _____ Date of Birth: Mo _____ Day _____ Year _____

Church Membership:

Denomination: _____ (Be specific i.e. Lutheran – LCMS, ELCA, Roman Catholic, Southern Baptist, United Methodist, etc.)

Home Congregation:

Name: _____ LCMS District: _____

Address: _____ City: _____ State: _____ Zip: _____

Please provide the information below.

___ I am working in Deaf Ministry now. Duties: _____

Reference Name: _____ Phone: (____) _____

___ My home congregation has a Deaf Ministry. Type of ministry: _____

___ My congregation wants to start a Deaf Ministry. Type of ministry: _____

Pastor's Name: _____ Phone: (____) _____

___ I am working with a Deaf congregation or mission.

Pastor's Name: _____ Phone: (____) _____

The Cost of CITI for the TWO Week Program:

\$1500.00 Residential Students

(Includes: Meals, Room, Materials, Tuition, Registration Fee, Sheets, Towels, Blanket, Pillow)

\$1000.00 for Commuting Students

(Includes: Materials, Tuition, Registration Fee)

Costs NOT covered:

Transportation to and from CITI or medical needs. Money for a dinner out with group.

\$_____ My congregation can support me with.

\$_____ My District can support me with.

\$_____ The LWML or Women's guild has given.

\$_____ Thrivent.

\$_____ _____ Mission Society will support me with.

\$_____ Friends and family will assist me with.

\$_____ Other _____

\$_____ Other _____

\$_____ I can pay for myself.

\$_____ REQUESTED AMOUNT OF SCHOLARSHIP.

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

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