



TALENT BANK INFORMATION ON PROSPECTIVE LEADERSHIP

(To be completed by prospective leader - Send to District Nominations Chair)

Type or Print (attach additional sheets as necessary)

Date _____

Name _____

Address _____

Telephone: Home _____ Work _____

Email _____

Local Church _____ District _____

Age: _____ 20's _____ 30's _____ 40's _____ 50's _____ 60's _____ 70's _____ 80's+

Languages Spoken _____ Racial/Ethnic Group _____

Professional skills, job experience _____

Office(s) held in United Methodist Women

	Office(s)	Dates of Service
Local	_____	_____
	_____	_____
	_____	_____
District	_____	_____
	_____	_____
	_____	_____
Conference	_____	_____
	_____	_____
	_____	_____
Jurisdiction	_____	_____
	_____	_____
	_____	_____

Additional Experience on the local, district, conference or general church level (other than United Methodist Women) or in the community

Special Talents or Skills:

Areas of Special Interest or Concern:

- | | | |
|--------------------------------------------------|--------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> secretarial | <input type="checkbox"/> recruiting members | <input type="checkbox"/> publicity |
| <input type="checkbox"/> communication | <input type="checkbox"/> social issues | <input type="checkbox"/> workshops |
| <input type="checkbox"/> computer | <input type="checkbox"/> creativity | <input type="checkbox"/> newsletters |
| <input type="checkbox"/> accounting/bookkeeping | <input type="checkbox"/> recording minutes | <input type="checkbox"/> retreats |
| <input type="checkbox"/> organization of details | <input type="checkbox"/> public policy | <input type="checkbox"/> music |
| <input type="checkbox"/> nominations | <input type="checkbox"/> public relations | <input type="checkbox"/> youth |
| <input type="checkbox"/> program planning | <input type="checkbox"/> community building | <input type="checkbox"/> children |
| <input type="checkbox"/> administration | <input type="checkbox"/> Inclusiveness/pluralism | <input type="checkbox"/> other (specify) |
-
-

Which office(s) on the Conference United Methodist Women's Team would you most like to hold given the opportunity to serve?

- | | |
|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> President | <input type="checkbox"/> Membership Nurture & Outreach |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Spiritual Growth |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Program Resources |
| <input type="checkbox"/> Chair of Nominations | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Education & Interpretation | |

Why are you interested in this position and what qualifications do you feel you have for your office(s) of choice?

Would you be able to use your gifts and talents to uphold and strengthen United Methodist Women through the PURPOSE of the organization? _____

Is it possible for you to be away from your home or employment for:

Full day _____ Weekend _____ Extended Time _____
Yes or No Yes or No Yes or No

_____ I am sorry but I am unable to accept an office this year. Please keep my name on file and contact me in _____.

You may send your completed Talent Bank Form as an attachment emailed to awfumw@aol.com.

OR send to the Nominations Chair of your District or Conference

UNITED METHODIST WOMEN - ALA WEST FLORIDA CONFERENCE			
DISTRICT OFFICER REPORT			
DISTRICT MISSION TEAM: Return by November 30th to all Conference and District Mission Team and District Superintendent			
YEAR	DISTRICT (specify which)		
	PRESIDENT	TREASURER	SECRETARY
Name			
Address			
City, St Zip			
Phone			
E-mail			
	VICE PRESIDENT	COMMUNICATIONS	PROGRAM RESOURCES
Name			
Address			
City, St Zip			
Phone			
E-mail			
	MEMBERSHIP N&O	SOCIAL ACTION	SPIRITUAL GROWTH
Name			
Address			
City, St Zip			
Phone			
E-mail			
	EDUCATION & INTERP	NOMINATIONS	OTHER
Name			
Address			
City, St Zip			
Phone			
E-mail			
Officers are elected and inducteed into office at the Fall Spiritual Enrichment event.			
		DATE OF REPORT	
		NOTE: to take office January 1	

**UNITED METHODIST WOMEN
ALABAMA WEST FLORIDA CONFERENCE**

DISTRICT

Year Submitted

The District Nominations Committee has met and below is the official recommendations for district officers to be presented this year at our Fall voting and if elected, will take office January 1st of next year.

Office	Nominee	Local Unit	Address	Phone #	Email	Term begins	Term Ends	Odd/Even when elected	New or Renewal
President								Even	
Vice President								Odd	
Secretary								Even	
Treasurer								Odd	
Education, Interpretation, and Spiritual Growth,								Even	
Communications Coordinator,								Even	
Membership Nurture, Outreach, and Social Action								Odd	
Program Resources								Odd	
Nominations Chair								Odd	

Committee Members		Date Submitted
	Chair	
	Ex-Officio	

This Form is due to the District President by July 31st of each year. Once accepted by the Mission Team, the Chair of the Nominations Committee should send each nominee a letter of acceptance for the nominee to sign and return to the Chair of Nominations by August 31st so the information can be published in the edition of the district's newsletter closest to its Fall Day Apart. Nominees will be presented and voted on at a Fall Day Apart event and take office January 1st of the new year.



DISTRICT _____
Alabama West Florida Conference

Date _____

Dear _____

The Report of the _____ District United Methodist Women, Committee on Nominations, for the year beginning January _____ is complete. A copy of that report, which will be presented at the _____, 20__ District Fall Event is enclosed. Please double check to see that your information is correct and notify us of any errors.

We are grateful for your willingness to serve as _____ for a _____-Year Term beginning January 1, _____. Please be assured that we will not elect you to that office and then abandon you. We will continue to hold you in our prayers, support you at the meetings and will be ready to help you in any manner.

An acceptance form is enclosed that we wish you to complete and mail back to me. This acceptance form is your way of acknowledging the duties and responsibilities that you will have if elected. If you have any questions concerning this, please feel free to call me or our district president. The form also contains information that will be published in our district newsletter prior to the Fall elections. Please return the form with a picture of yourself. The picture can be send in a digital form to my email if you wish.

At the _____ District Fall Event, you will be introduced as the Nominee for the office of _____. We will ask you to stand or otherwise let your presence be known to help members identify you and the office of _____. If elected by the body that day, you will be inducted during a ceremony that day.

If you have questions, please feel free to call

CHAIR, COMMITTEE ON NOMINATIONS

Enclosures:

Advance copy of the Report of the Committee on Nominations
Nominations Acceptance Form
Job Responsibilities

"...I now remind you to stir into flame the gift of God which is within you." - II Timothy 1:6 NEB

Job Responsibilities -

District Office

(Taken from the Alabama West Florida Conference UMW Workbook)

SCRIPT FOR OFFICER VOTING

Chair, Nominations:

"The Committee on Nominations presents the following nominees for officers of the _____ District/Conference: (She then reads office and persons named for each.) "This report is submitted by the Committee on Nominations: (read names)".

President:

"The following have been nominated:

President, (name). Are there any nominations from the floor for office of President? (wait)

Vice President (name). Are there nominations from the floor for office of Vice President?" (wait)

Continue to list office and name of any to be elected – asking same question after each.

"Hearing no nominations from the floor, I declare the nominations closed."

(At this point, someone may make a motion to accept the entire slate by General Consent; ask for second and vote.)

If approved, President says: "The motion to accept the slate is approved. Those in favor, please raise your hand. (Count) Those opposed, likewise. The slate is approved."

By your vote the following have been elected: President, Name; etc."

If there is no motion, the President says:

"All in favor of electing (name) as President please raise your hand. (count) Those opposed likewise. (count)

Continue on through all to be elected.

President: "By your vote, you have elected these women to be your officers for (YEAR). (name them)."

EXPENSE VOUCHER

DISTRICT:

ALABAMA-WEST FLORIDA CONFERENCE UNITED METHODIST WOMAN

Type of Meeting/Expense
Budget Line Item:

Date:

Location:

District Office
Requesting:

Request by

Name on
Check:

Address:

Email:

Phone #

Miles

TO - FROM

Rate *

TOTAL

\$ 0.25

\$ -

Single

\$ 0.30

\$ -

(more than
one qualifying)

Qualifying rider

(Name of Officer & state District / Conference Office held)

EXPENSES: (Please itemize and attach receipts)

Miscellaneous Expense:		Amount
TOTAL:		\$ -

APPROVED:

DISTRICT President

must be signed by at least one / can be email attachment

DISTRICT Secretary

Date Paid

Check #

DISTRICT Treasurer

Mileage Rate is set annually by the AWFC UMW Finance Committee. The rate above is for 2020.

Reimbursement for Lodging and Meals for Conference business is set annually by the AWFC-UMW Finance Committee. The Rate set for 2020 is \$55 per day (no more) but receipts need to be attached even if more or less than \$55.

	Name	Local Unit	EMAIL ADDRESS	Local/District Office
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
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16				
17				
18				
19				
20				
21				
22				
23				
24				

	Name	Local Unit	EMAIL ADDRESS	Local/District Office
25				

UNIT - Name	Membership	ATTENDED TODAY	%
			0.0%
			0.0%
			0.0%
			0.0%
			0.0%
			0.0%
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			0.0%
			0.0%
			0.0%
			0.0%
			0.0%
			0.0%
			0.0%
TOTALS	0	0	0%
			NAME OF EVENT
			DATE & PLACE

INSTRUCTIONS

COL A = EACH UNIT'S NAME

COL B = THEIR MEMBERSHIP AS REPORTED ON CPR END OF YEAR

COL C = SUMMARY OF ALL ATTENDED FROM THAT UNIT FROM REGISTRATION LIST

REPORT THE TOTAL NUMBER OF ATTENDANCE FOR DISTRICT TO THE CHAIR DISTRICT PRESIDENTS

[illegible]

UMW CONSOLIDATED PRESIDENT REPORT for DISTRICT

2020

Due: December 10 - No changes should be made after the 15th. You may do a recap to include some year end figures but only those figures sent in on the 10th will be included in Annual Day numbers.

Send to All AWF Conference Officers, District Presidents and your District Mission Team and your District Superintendent

NAME OF DISTRICT

PRESIDENT

EMAIL

1

MISSION STUDIES ATTENDED (either local unit or District sponsored. Do NOT include Mission U). Where appropriate, virtual participation qualifies for completion of a criteria item.

	Local Unit Name	Local or District (state which)				TOTALS
1						0
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
11						0
12						0
13						0
14						0
15						0
16						0
17						0
18						0
19						0
20						0
21						0
22	District					0
23						0
24						0
	Studies		0	0	0	0

LIST THE STUDIES IN E12, F12, G12. **FILL IN BLUE and PINK CELLS**

Once you enter the local unit name on Item #1, it will auto populate all other Item numbers for the unit name. Do not delete any rows even if you don't have that many units. **You can hide, but don't delete.**

please list units in alphabetical order

if more unit lines are needed, unhide Rows 34-36

2

MEMBERSHIP Jan 1 to Nov 30						2020	0
Members Jan 1	New	Deceased (negative)	Lost Other Reasons (negative)	Current Nov 30			
1 0				0			
2 0				0			
3 0				0			
4 0				0			
5 0				0			
6 0				0			
7 0				0			
8 0				0			
9 0				0			
10 0				0			
11 0				0			
12 0				0			
13 0				0			
14 0				0			
15 0				0			
16 0				0			
17 0				0			
18 0				0			
19 0				0			
20 0				0			
21 0				0			
22 District				0			
TOTAL MEMBERS						0	0

Use negative numbers on Col
F & G

unit names will auto populate
from first page

3

MISSION TODAY UNIT					
Local Unit Name	Bronze	Silver	Gold	Participating	TOTALS
0					0
0					0
0					0
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Put in 1 or blank, not X or
not Yes

4

FIVE STAR ACHIEVEMENTS IN GIVING - includes all paid for 5-Star not just pledges. This amount should be confirmed with your district treasurer.						2020
LOCAL UNIT	5-STAR	5-CHANNELS (Pledge, Card, SMR pin, Memory, World)	Supplementary to Nat'l	Love Offering	TOTAL SENT TO CONFERENCE	0
10					0	
20					0	
30					0	
40					0	
50					0	
60					0	
70					0	
80					0	
90					0	
100					0	
110					0	
120					0	
130					0	
140					0	
150					0	
160					0	
170					0	
180					0	
190					0	
200					0	
District					0	
0 To match sent to Conference					0	
TOTAL 5-Star	0	\$ -	\$-	\$-	\$-	

Col D or E put in 1 if yes or leave blank.
 Col G = total unrestricted pledge paid to district
 Col H = all other 5-star money paid to district
 Col I will automatically calculate
 Please confirm these numbers with District Treasurer

the District Total Pledge as reported at last Annual Day

5

This Year's PLEDGE	
OVER/UNDER PLEDGE	\$ -

Difference in what district pledged and actually paid (will auto calculate)

5a

Current Year A&MD Budget Recap	
Current Year A&MD Budget Total Allowed	
Current Year A&MD Budget Actually Spent	

5b

Current Year Checking Account (do not include any but A&MD)	
Beginning Balance January 1st	
Ending Balance as of this report including outstanding (unreconciled) deposits and checks	

6

Visitations	Local Unit	Other District	District Meetings	Conference Meetings	Total Mileage
0					

7

CHARTER FOR RACIAL JUSTICE			
LOCAL UNIT	First Time	Reinstated	Returning
10			
20			
30			
40			
50			
60			
70			
80			
90			
100			
110			
120			
130			
140			
150			
160			
170			
180			
190			
200			
0 District			
0			
TOTAL Charter Racial	0	0	0
TOTAL			

8

PROGRAM		PLAN				TOTAL	2020
LOCAL UNIT		ONE	TWO	THREE	FOUR	PART.	0
10							0
20							0
30							0
40							0
50							0
60							0
70							0
80							0
90							0
100							0
110							0
120							0
130							0
140							0
150							0
21 District							0
22							0
0							0
TOTAL Reading Prg		0	0	0	0	0	0

enter the actual number
per plan per unit

use numbers,
not an X

9

ATTENDANCE -

Conference attendance will be gotten from the Conference Registrar

	LOCAL UNIT	SWAT TEAM Training	District Day Apart	District Annual Day	District Mission Study (From Above)	Conf. Spiritual Enrich	Conf. Annual Day	Mission U	% District	% Confer .
1	0								0.0%	0.0%
2	0								0.0%	0.0%
3	0								0.0%	0.0%
4	0								0.0%	0.0%
5	0								0.0%	0.0%
6	0								0.0%	0.0%
7	0								0.0%	0.0%
8	0								0.0%	0.0%
9	0								0.0%	0.0%
10	0								0.0%	0.0%
11	0								0.0%	0.0%
12	0								0.0%	0.0%
13	0								0.0%	0.0%
14	0								0.0%	0.0%
15	0								0.0%	0.0%
16	0								0.0%	0.0%
17	0								0.0%	0.0%
18	0								0.0%	0.0%
19	0								0.0%	0.0%
20	0								0.0%	0.0%
0	District								0.0%	0.0%
0									0.0%	0.0%
	Other								0.0%	0.0%
	TOTALS Attendance	0	0	0	0	0	0	0	0.0%	#DIV/0!
						Totals	0	0	0	

for READING PROGRAM Certificates		READING
NAME of Individual	Local Unit	PLAN

1		
2		
3		
4		
5		
6		
7		
8		
9		
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11		
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Since this is the End of the Year Annual Report, please list any events, activities, programs that you believe should be shared to all districts, conference and all UMW.

1	The number of meetings your District Mission Team held (including Conference Call).	
2	The total number of Conference or SE or National Events and meetings you as President attended, including Conference Calls.	
3	The total mileage you traveled representing both district, conference or national events (whether or not you were eligible or not for reimbursement).	
4	The number of newsletters that were published by your district this year.	
5	The number of other letters or emails (estimated) that you sent out this year.	
6	The number of volunteer hours you did for United Methodist Women including:	
a.	Serving on Agencies representing UMW	
b.	Calling or visiting local units	
c.	Coordinating publications such as directories, workbooks, training, etc.	
d.	Setting up or working at an event District or Conference	
e.	Other: _____	
TOTAL HOURS SPENT (estimated)		
7	What do you believe your District did this year that is note worthy?	
8	What do you believe that you did as District President with the Conference as a whole that is noteworthy?	

#	MEMBERSHIP Jan - Nov	Members Jan 1st	New	Deceased	Lost Other Reasons	Current	Mission Study	MISSION TODAY	READING	CHARTER RJ	5 STAR	TOTAL 5- CHANNELS (PLEDGE)	SUPPLEMENT ARY	LOVE OFFERING	TOTAL	AVG per member attendance District	AVG per member attendance Conference
1	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
2	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
3	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
4	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
5	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
6	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
7	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
8	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
9	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
10	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
11	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
12	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
13	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
14	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
15	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
16	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
17	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
18	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
19	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
20	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
	District	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
	TOTALS	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	\$ -	0%	0%
FOR THE YEAR		2020					DISTRICT					0					

ALABAMA WEST FLORIDA CONFERENCE UNITED METHODIST WOMEN



DATE:

TO:

RE: Authorizing Change of United Methodist Women's Officers on Bank Account

DATE
CHANGE
EFFECTIVE

The membership of the Alabama West Florida Conference United Methodist Women, for the District listed below elected new officers. With that being said, please remove the following officers from the signature cards for the accounts listed in our name (see list below). The old officers should still have access to signing checks and deposits until December 31, and the new officers listed will resume their duties on January 1st or the Date Change Effective listed above. The mailing address of all the accounts should also be changed to the incoming treasurer's address listed below, effective also January 1.

Authorized for the District listed below which is a part of the Alabama West Florida Conference, Southeastern Jurisdiction and the National United Methodist Women.

District

Outgoing Officers Names and Addresses:

President

Treasurer

Incoming Officers Names and Addresses:

President

Treasurer

Federal Tax # 63-1108101

Names of Bank Account(s) held by the Alabama West Florida Conference United Methodist Women:

DISTRICT

Bank Account Name	ACCT #	Route #

Thank you for your cooperation in getting this done for our organization.

Respectfully,

Outgoing President

**Alabama-West Florida Conference United Methodist Women
Scholarship Event Application**

You are invited to apply if you are:

Please check the box that best describes you.

- ☐ A FIRST TIMER TO THIS EVENT
- ☐ ARE UNDER 39
- ☐ ARE A NEWLY RETIRED WOMAN

One scholarship will be awarded to the following events:

Please check the event you are interested in attending.

- ☐ ANNUAL MEETING
- ☐ SPIRITUAL ENRICHMENT RETREAT

Terms of the Agreement:

- a) A committee of the Secretary, Coordinator for Spiritual Growth and the Vice President will review your applications and choose one scholarship recipient per event.
 - b) The recipient and the Conference Treasurer will be notified two weeks prior to the event.
 - c) The recipient must submit an event registration form immediately to the Conference Registrar.
 - d) Registration fee will be covered by the Conference Treasurer.
 - e) If you are chosen and unable to attend, funds will revert to the scholarship fund.
 - f) Applications must be submitted to the Conference Secretary thirty (30) days prior to the event. Only applications received prior to the deadline will be considered. Only applications received prior to the deadline will be considered.
- 2019 SEND TO: Cathy Givan, 1398 E. Cotton Rd. Eclectic, AL. 36024 / email: cathy3163@hotmail.com

Your Name

Your Address

Your Phone Number(s)

Your E-Mail Address(s)

Your District

Your Local Church

- Your age group:
- ☐ 12 & Under
 - ☐ 13 – 18
 - ☐ 19 – 30
 - ☐ 31 – 50
 - ☐ 51 – 60
 - ☐ 61 – 70
 - ☐ Over 70

Please continue to page 2 to complete the application.

**Alabama-West Florida Conference United Methodist Women
Scholarship Event Application**

¹ Have you previously applied for a scholarship offered by Alabama-West Florida Conference United Methodist Women? If yes, please explain.

2 Why you would like to receive this scholarship?

3 Why would you like to attend this specific event?

⁴ How are you involved in United Methodist Women in your local church? Dates and events will be helpful if available.

5 How will you share your event experience with others following the event?

Thank you for submitting this application. Please by your signature below acknowledge you have read and understood the terms of the scholarship agreement contained in this document.

Signature

Date

Rec'd by
AWFC