

# OCM Christian Conference Scholarship Request Form: 2016-2017

English Name:	<b>CHECK ONE:</b>  <input type="radio"/> I am a full time worker. Name of my company:  <input type="radio"/> I am a full time student or in career transition. Name of my school:	
Chinese Name:		
Cell Phone:		Email:
Mailing Address:		

What is the name of the conference you are attending?	
What are the conference dates?	Where is the conference located?
Who is the hosting church/organization of this conference?	
What is the purpose or theme of this conference?	

<b>*This scholarship is reserved for qualified OCM members only.</b>	
List all the years you've attended OCM:	In which fellowship are you active?
In what other ways do you actively participate at OCM?	
Name and Signature of OCM Pastor or Fellowship Advisor who confirms the information above:	Pastor/Advisor Name:  Pastor/Advisor Signature:



<b>This scholarship is a REIMBURSEMENT* to the applicant of UP TO:</b>
<ul style="list-style-type: none"> <li><input type="radio"/> 25% of the total conference registration fee, travel to and back from the conference, and lodging at the conference if the applicant is <u>employed full time</u> at the time of the conference.</li> <li><input type="radio"/> Or, 50% of the total conference fee, travel to and back from the conference, and lodging at the conference if the applicant is <u>a full time student or unemployed</u> at the time of the conference.</li> </ul> <p style="font-size: small; margin-top: 10px;">*Reimbursement will be issued <u>when OCM has received and approved</u> of this scholarship request, reflection paragraph, and relevant receipts.</p>

<b>To complete this application, I agree to:</b>	
<b>WRITE A REFLECTION PARAGRAPH</b> Please write 1 paragraph on what you learned at this conference. Submit upon return along with all relevant receipts in order to process reimbursement.	Applicant signature:  Date:
<b>RELEASE AND WAIVER</b> I understand and agree that I am solely responsible for my health and safety. I will not hold OCM nor any sponsoring committees responsible for any accident, injury, illness, or other personal loss that might result from this trip.	Applicant signature:  Date:
<b>GRANT PERMISSION TO PUBLISH</b> I grant permission to OCM to publish any portion of my reflection paragraph for the edification of other members of OCM.	Applicant signature:  Date: