



ECC Member Conference/Training Scholarship Application

Email info@eccseattle.org for guideline details

Name (English) _____ (Chinese) _____

Contact phone _____ Email _____

I am a(an):

☐ Deacon ☐ Elder ☐ ECC member

Conference/Training Information

Conference Title _____ Organizer _____

Conference Date(s) _____ Web address _____

Conference participant's position at ECC _____

Purpose of the conference and what you hope to gain _____

Is this your first time requesting ECC financial support to attend a conference?

☐ YES ☐ NO

Conference Costs

Registration \$ _____ Lodging \$ _____ Travel costs \$ _____

Total conference cost \$ _____ Personal contribution \$ _____

Total amount requested \$ _____ (need ExC approval for amount exceeding the policy limits)

For ECC members ONLY (Pastoral & Council Chair Approval):

Pastor's Name (please print) _____ Signature _____ Date _____

Council Chair Name (please print) _____ Signature _____ Date _____

For Extra Support (Executive Committee Approval):

Print Name _____ Signature _____ Date _____

MAILING ADDRESS

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Seattle, WA 98117
206-789-6380

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