



**Academy for Congregational Leaders  
Scholarship Application Form  
Martin Methodist College  
Cal Turner Jr., Center for Church Leadership**



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Name \_\_\_\_\_

Pastor \_\_\_\_\_

Reason for requesting scholarship \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason why your home church is not sponsoring you \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your goal after completion of the ACL \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount needed to participate \_\_\_\_\_

Your signature \_\_\_\_\_

Pastor's signature \_\_\_\_\_

Please return completed form to:  
Attn: Tijunia Brooks  
Center for Church Leadership  
433 West Madison St.  
Pulaski, TN 38478