

**WOMEN OF THE UNITED CHURCH: CHINOOK WINDS AND NORTHERN SPIRIT
CHRISTENSEN /DRYBURGH MEMORIAL TRAVEL and EDUCATION FUND**

APPLICATION FORM

Applicant's Name (please print) _____

Address _____

Contact information: Phones: (home) _____ (cell) _____

E-Mail _____

Name of Faith Community _____

City/Town _____ Phone _____

Name of event you plan to attend: _____

Date(s) _____ Location _____

Travel Plans _____

Financial Review:

Course/Event Fee _____ Travel Cost _____

Lodging _____ Meals _____

Personal Funds _____ Congregational Funds _____

Signature of Applicant _____

Date of Application _____