

Community Bible Church  
Benesh Fund  
Summit Ministries Scholarship Application

Name of Applicant: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian (if under 18 YOA): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home church of attendance: \_\_\_\_\_

Dates of Conference: \_\_\_\_\_ Conference location: \_\_\_\_\_

Conference dates/locations can be found at <https://www.summit.org/programs/student-conferences/>

Please share your personal expectations for this conference. What do you hope to learn at the conference? Why do you want to attend?

What does “biblical worldview” mean to you?

By signing below you acknowledge your understanding that you are responsible to register and pay the deposit for the conference you wish to attend and, if a scholarship is approved for you, your registration will be refunded and the balance of the scholarship funds will be paid directly to Summit Ministries. You also acknowledge that any transportation costs to get to the conference will be your responsibility.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Community Bible Church, 1516 North Harrison Street, Pierre, SD 57501

Save to your computer, then email it to: [office@cbcpierre.org](mailto:office@cbcpierre.org)