



Partners in Pastoral Care

Continuing the Healing Ministry of Jesus in the Name of the Church

Mundelein, Illinois • May 31 - June 3, 2019
National Association of Catholic Chaplains



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2019 Conference Scholarship Form

Name

Address

City, State, Zip

Area Code/Phone Number

E-Mail

Membership Number

Please provide the following information:

I am a member in good standing with the NACC. Yes No

Membership Category:

- | | |
|---|---|
| <input type="checkbox"/> Member | <input type="checkbox"/> Certified Educator |
| <input type="checkbox"/> Board Certified Chaplain | <input type="checkbox"/> Student |

A scholarship is necessary in order for me to attend the conference. Yes No

This is the first time I have attended an NACC National Conference. Yes No

If no, date and location of last national conference attended:

Date

Location

I will receive reimbursement from my place of work or community. Yes No

If yes, how much? _____

Signature

Date

**** Scholarship Forms must be postmarked no later than February 18, 2019****