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## MAC Scholarship for Ecumenical Advocacy Days

The Montana Association of Christians is excited to be able to offer scholarship assistance to an individual who would like to attend Ecumenical Advocacy Days, April 24-27, 2020, in Washington, DC.

Ecumenical Advocacy Days is a movement of the ecumenical Christian community, and its recognized partners and allies, grounded in biblical witness and our shared traditions of justice, peace and the integrity of creation. Our goal, through worship, theological reflection and opportunities for learning and witness, is to strengthen our Christian voice and to mobilize for advocacy on a wide variety of U.S. domestic and international policy issues. (Excerpt copied from <https://advocacydays.org/>)

### **Step 1: Determine if you are eligible**

This scholarship is open to any Montana resident of Christian faith, between the ages of 18-35. The recipient must be willing to present about their Ecumenical Advocacy Days experience at MAC Connect in the fall of 2020.

### **Step 2: Tell us about yourself**

Fill out the application telling us about yourself. Your information will be kept confidential and shared only with the evaluators, unless you give us written permission to use your story to publicize the scholarship.

### **Step 3: Ask people to tell us about you**

You will need two different people - who are not related to you - to provide one character reference and one personal reference to be included with the application. These references can be e-mailed to [mac@macmt.org](mailto:mac@macmt.org) or included with your application when you submit by mail.

### **Step 4: Submit your application**

Complete the application and mail the application and two references to the address listed below, postmarked by January 31, 2020. Incomplete applications, applications received without references, and applications received after the deadline will not be considered.

Montana Association of Christians  
Attn: Ecumenical Advocacy Days Scholarship  
PO Box 7121  
Helena, MT 59604-7121

### **Part 1: Basic Information**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

### **Part 2: What Are Your Personal Reasons for Wanting to Attend this Event?**

In 500 words or less, please tell us about your advocacy goals, and give specifics about how you feel attending Ecumenical Advocacy Days will help you achieve those goals.

### **Part 3: Agreement**

Please read the following information carefully. When you sign your name below, you are agreeing to what you have read and you adhere to the requirements listed.

- \* I certify that all of the information provided in this application is complete and accurate to the best of my knowledge. I will notify the Montana Association of Christians if there are any changes.
- \* I understand that my application may be submitted electronically for evaluation.
- \* I understand that my application becomes the property of the Montana Association of Christians. The application will be considered confidential unless the applicant grants the Montana Association of Christians written permission to release personal information for the purpose of publicizing the award.

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Signature and Date