



**Living Waters in a Dry Land
Scholarship Application**

Name: _____

Address: _____

City, State, ZIP: _____

Email: _____

Phone: _____

It is our intent to make the Living Waters in a Dry Land training course available to everyone who has a heart for this mission field and desires to learn the necessary principles to be successful in this ministry. If your financial situation is such that you are unable to afford training, please select one of the options below:

- I am requesting a 50% discount for the Living Waters in a Dry Land training course.
- I am requesting a full scholarship for the Living Waters in a Dry Land training course.

By submitting this application for a scholarship to obtain basic Nursing Home Ministry training, I pledge to complete all training requirements outlined for the course. In the event that I am unable to successfully complete the training, I will return the course materials provided me (at no cost to God Cares Ministry.)

Signature

Date

Mail completed application to:

God Cares Ministry, P.O. Box 355, Avon Lake, OH 44012

(Please allow (3) weeks for processing.)