

**North Texas Annual Conference Board of Ordained Ministry  
Continuing Ed Grant Application Form**

Full name \_\_\_\_\_

Mailing address \_\_\_\_\_

Telephone numbers: office \_\_\_\_\_ mobile \_\_\_\_\_

Current appointment \_\_\_\_\_

Has your intention to attend this event been approved by your Committee on Pastor Parish Relations or the appropriate agency committee or board?  Yes  No

Has your district superintendent approved your intentions to attend this event?  Yes  No

**Please respond to the following questions in a separate document accompanying this form:**

1. Please describe briefly the event, including name, location to be held, sponsoring organization, dates, etc. A brochure or other information sheet may be attached to this application in lieu of completing this portion.
2. Please describe how this event will benefit you and ministry.
3. Please itemize and explain all expenses that will be incurred in your attending this event. These might include registration, fees, transportation, room and board, materials and supplies, etc. ***Any material pertaining to costs of the event needs to be attached***

**Funding sources:**

Cost to you personally \_\_\_\_\_

Cost to local church or agency \_\_\_\_\_

Other sources \_\_\_\_\_

**Amount requested from continuing formation funds**

Total: \_\_\_\_\_

Have you received funds from the Division on Continuing Formation in the past three years? If you have, please list dates, events and amounts received.

No  Yes \_\_\_\_\_

I request financial assistance in the amount of \$ \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please send **completed application** and **accompanying documentation** to Mariel vela (mariel@ntcumc.org)  
(Approved as revised 2018)

**Continuing Formation Education Grant  
Recommendation from SPRC or Ministry Setting**

\_\_\_\_\_ has contacted me about his/her continuing education event, and I/We recommend that a continuing education grant be awarded up to 1/3 the cost of the above event, in the amount of \_\_\_\_\_.

\_\_\_\_\_  
Chair, SPRC Committee of \_\_\_\_\_ United Methodist Church.

\_\_\_\_\_  
Date

**Continuing Formation Education Grant  
Recommendation from District Superintendent**

\_\_\_\_\_ has contacted me about his/her continuing education event, and I/We recommend that a continuing education grant be awarded up to 1/3 the cost of the above event, in the amount of \_\_\_\_\_.

\_\_\_\_\_  
District Superintendent

\_\_\_\_\_  
Date