

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

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Best Contact Number: _____

Date of Birth (mm/dd/yyyy): _____

Email: _____

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 the 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 the 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?

Yes _____ No _____

If you have, please list dates, events and amounts received. _____

I request financial assistance in the amount of \$ _____

Signature of Applicant: _____ Date: _____

Please send completed application and accompanying documentation to Camale Allen
(camaleallen@htcumc.org)

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: _____