

CONTINUING EDUCATION GRANT APPLICATION

Michigan Conference of the United Methodist Church
Board of Ordained Ministry – Ministerial Education Division

Quadrennium: January 1, 2021 through December 31, 2024

- A. Please make the application several months in advance when possible. Requests will be honored in accordance with the date received (after January 1 and funds available in the calendar year).
- B. A maximum of \$1,500 will be granted in any quadrennium. The quadrennium begins on January 1, 2021 and extends through December 31, 2024.
- C. Grants may be made for tuition, registration fee, course materials, travel, and room and board for the Continuing Education experience.
- D. **This fund cannot be used to supplement the cost of Course of Study courses or seminary degree work toward ordination.**
- E. Funds are provided through the Ministerial Education Fund apportionment.
- F. This application must be completed in full, signed by the clergy member and chairperson of the Pastor Parish Relations Committee (or corresponding person for those in appointments beyond the local church), and submitted to your District Superintendent for written recommendation.

Questions may be directed to the Continuing Education Grant Officer:

Debbie Stevenson
Michigan Conference Center
1011 Northcrest Rd.
Lansing, MI 48906
(517) 347-4030 ext. 4051
dstevenson@michiganumc.org

Please Note:

Send completed application to your District Superintendent for review and written recommendation.

PART 1**BASIC INFORMATION (Please type or print clearly in ink.)**

Date of Request:

Last Name:	First Name:	Middle Initial:
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Street Address:	City:	Zip:
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Phone #s Home: Cell:	Email Address:
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Current Conference Ministerial Appointment (Church name and district, if appointed to a church.):

PART 2**CONTINUING EDUCATION EXPERIENCE
FOR WHICH YOU ARE REQUESTING AID**

Program or Course Name / Location:	Dates:	Duration:
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Describe program and tell how it fits into your long-range continuing education plans:
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PART 3

COSTS RELATING TO PROGRAM

Itemize estimated expenditures directly relating to your participation:

PART 4

AVAILABLE RESOURCES

Contribution from own income and savings (if applicable):	
From local church budget (if applicable):	
Other UMC Boards and agencies (List by name):	
From other organizations (List by name):	
TOTAL	\$

PART 5

REQUEST FOR ASSISTANCE

I request consideration of a grant for participation in the continuing education program described in Part 2 of this application, in the amount of:	\$
Date funds needed:	Signature:

PART 6

ENDORSEMENTS TO BE COMPLETED BY PASTOR – PARISH RELATIONS COMMITTEE (or other appropriate body In the case of appointments beyond the local church):

Has the clergy person's planned participation in this continuing education experience been discussed and approved by the Staff-Parish Relations Committee (or other appropriate body)?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If not. Please explain why:

How will the clergy person's responsibilities be handled In his/her absence?

Does your local budget include an amount for the clergy person's continuing education?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If no, please indicate any steps which the pastor and/or the committee have taken requesting the establishment of a continuing education fund In your budget:

Print Name / Title:	Signature:	Date:
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IMPORTANT: SEND COMPLETED APPLICATION TO DISTRICT SUPERINTENDENT FOR REVIEW AND WRITTEN RECOMMENDATION

NOTE TO THE DISTRICT SUPERINTENDENT: After your review of this completed application, please write your recommendation in the space below and send to the Grant Officer.

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Name:	Signature:	Date:
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TO BE COMPLETED BY GRANT OFFICER		
Date Received Completed Application:	Date Reviewed Completed Application:	
Decision Date:	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>
Date Notified Applicant:	Date Requested Disbursement:	