



Application for Continuing Education Funds

(Please print or type. Incomplete applications will be returned.)

Part I: Personal History

Name _____
(first name) (last name) (middle name)

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Social Security # _____ Date of Birth _____

Appointment _____

District _____

Marital Status: Single Married Widowed Other _____

Spouse's Name _____ Occupation _____

List Children and Other Dependents

Age & Relationship

_____	_____
_____	_____
_____	_____
_____	_____

List educational institutions and degrees. *(Begin with the most recent.)*

Name of School\Location	Degree	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List educational institutions and degrees. *(Begin with the most recent.)*



Part II: Continuing Education Experience for Which Grant is Requested

Title of Project _____ **Dates** _____

Location _____

List topics or subject area and brief description of program. (Use back if necessary.) Attach a copy of any descriptive materials.

List personal and professional goals for this experience.

Estimate the following:

Number of hours in lecture, discussion, class time, etc. _____

Number of hours in preparation, research, reading, etc. _____



Part III: Expenses

Please itemize expenses that will be incurred by you in the continuing education experience described on page 2.

1. Tuition \$ _____
2. Room\Board \$ _____
3. Books \$ _____
4. Other (explain) \$ _____

- Total \$ _____

Will it be necessary for any member of your family to relocate and/or participate with you in this event?

(If yes, explain.) Yes No

How will your regular responsibilities be handled in any extended absence?



PART IV: Resources

- | | |
|---|----------|
| 1. Personal Contribution | \$ _____ |
| 2. Local Church Budget* | \$ _____ |
| 3. Other grants or resources,
(explain below+) | \$ _____ |
| Total | \$ _____ |

*** If Item #2 is answered “none” please indicate steps taken to request the establishment of a Continuing Education Fund in your church budget.**

+ If Item #3 is indicated please explain. Use back if necessary.



PART V: Endorsement of the Educational Experience

The Ministerial Education Fund is based on the premise that we care about and financially support others in reaching their educational goals.

(Signature of Pastor-Parish Relations Committee Chairperson)

(Signature of District Superintendent)

PART VI: Application for Grant

I apply for a grant in the amount of \$ _____

Date funds needed _____

(Signature of Applicant)

Forward Completed Application to:

Office of Ministry
32 Wesley Blvd.
Worthington, OH 43085

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**DO NOT WRITE BELOW THIS LINE:**  
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Action _____

Voucher Date _____

Accountability Form _____

The current policy concerning these funds is that Full Members, Diaconal Ministers, and Full-Time Local Pastors may receive \$1500 in a four year period and Probationary members may receive \$750 in a two year period. All Continuing Education grants are made on the basis of 65% of the tuition, room/board, study materials, etc. No money is granted for travel.