

APPLICATION FOR MINISTERIAL GRANT
South Central Mennonite Conference

Name of Applicant _____ Date _____

Address _____ Program:

 Telephone # _____ () Collegiate Program
 _____ () Non-Collegiate Pastoral Education
 _____ () Seminary
 _____ () Other _____

Birth date _____

Home Congregation _____ Address _____

School and Location _____

Grade or Classification _____

Study Load: _____ Full Time _____ Part Time _____ Number of Hours

Field of Study _____

Dates and Length of Study _____

Do you plan to serve in the church ministry within the South Central Conference after completing your studies? _____

Financial Plans:

<u>Expenses</u>		<u>Resources</u>	
Tuition	\$ _____	Savings/Self	\$ _____
Board & Room	\$ _____	Congregation	\$ _____
Books	\$ _____	School	\$ _____
Other	\$ _____	Other	\$ _____
TOTAL EXPENSES	\$ _____	TOTAL RESOURCES	\$ _____

Amount requested from South Central (\$1,000 per year; \$500 for dual churches) \$ _____

Name and addresses of 3 persons (non-relatives who are aware of your pastoral interests and your financial needs. Please include your pastor or a fellow pastor.

1. _____
2. _____
3. _____

Please write a brief statement relative to your commitment and call to the ministry of the church. Include (a.) a brief biographical sketch, (b.) plans for future ministry. (Use back of sheet).

Date _____ Applicant Signature _____

Date _____ Conference Minister Signature _____

Date _____ Conference Executive Committee _____