

MAJOR GRANT APPLICATION FORM

Board of Ordained Ministry
East Ohio Conference

Date Received	_____
Amount	_____
Approved	_____
For Committee Use Only	

Date: _____ (Funds are limited. Applications considered in order of receipt.)

Name: _____

Address: _____ City _____ Zip _____

Phone: _____ email _____ District _____

For the period _____ through _____ I plan to participate in the following development of my career in the consecrated/ordained ministry which will culminate in a degree or certification:

My purpose in undertaking this program:

How will this experience change where you are and what you are doing five years from the completion of this program?

Date of Ordination _____ Elder _____ Deacon _____

Present Appointment _____

List the Continuing Education experiences for which have received Board of Ordained Ministry grants in current quadrennium and the amounts of those grants.

1. _____
2. _____
3. _____
4. _____

Itemize the anticipated costs:

Registration _____

Travel _____

Room _____

Other _____

Meals _____

Total Cost _____

The dollar amount you are requesting: \$ _____

Will you be receiving a subsidy as a tour host or recruiter? Yes ___ No ___ Amount \$ _____

List other financial resources for which you have applied and the amounts requested. (Other possible grants, continuing education funds, aid from your congregation, personal resources or loans)

District Superintendent's Signature _____

Staff-Parish Chair Signature _____

Date _____ Your Signature _____

Submit your completed application to:

Rev. Janice L. Coffman
Coshocton Grace UMC
1626 Marion Drive
Coshocton, OH 443812
740 622 1302
E-mail: rev.jan@att.net