

MINOR 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 _____

I plan to participate in the following:

Name of the event _____

Location of the event _____

Sponsor of the event _____ Date of the event _____

Describe the type of education or training you will receive:

List your learning goals for this event:

Present Appointment _____

Date of Ordination _____ Elder _____ Deacon _____

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)

If the event has not been approved for continuing education credit, please provide the following information:
Number of hours, if any, to complete the required preparation for the event _____
Number of contact hours during the event _____
Number of CEUs requested _____
Please include a brochure or descriptive literature about the event with this application.

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