

Committee on Racial-Ethnic Empowerment (CORE)  
East Ohio Conference  
The United Methodist Church

## Application for Funding

This application is in request of (Check One) \_\_\_\_\_ Seed Money \_\_\_\_ Renewal of Existing Program/Initiative

Amounts for constituencies are determined on a case-by-case basis with programming for constituencies considered priority. An individual or mission can receive a maximum of one grant per year. **Requests for out of the country missions, training, etc., are not funded by CORE.**

Name: \_\_\_\_\_ Clergy: \_\_\_\_ Laity: \_\_\_\_ (Please check one)

Address: \_\_\_\_\_ Church Name: \_\_\_\_\_

\_\_\_\_\_ District: \_\_\_\_\_

Tel. or Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Make check Payable to: \_\_\_\_\_

If funds are not being requested to attend an event, go to #3.

1. Are funds being requested to support attendance at a church, district, conference, jurisdictional, or general church event? \_\_\_\_\_ If yes, please respond to questions # 1 and # 2. If no, proceed to # 3.

### Event Details

Event Title: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Registration Cost: \_\_\_\_\_ CEU: \_\_\_\_\_ (No. of Hours if applicable)

Airfare Cost: \_\_\_\_\_ Hotel Cost: \_\_\_\_\_

Ground Travel Cost: \_\_\_\_\_ Meals: \_\_\_\_\_

**Note:** Application form shall be accompanied by brochures, flyers and evidence documents (registration, airfare and hotel receipts). Use additional pages if necessary.

2. Please briefly explain (in 100 words or less) how the training you will receive at this event will benefit the racial-ethnic ministries of your local church/district/ East Ohio Conference.

3. What is the name of the program/project for which you are requesting funding?

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4. Describe the ministry for which funds are needed. (Include a brief statement of purpose, who will be serviced, how they will be serviced, what social conditions will be addressed, and the number of individuals that will be serviced.)

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5 How does the ministry bring people to Christ?

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6 Are other funding sources available to this ministry? \_\_\_ Yes \_\_\_ No (Must attach a projected income budget and sources of funding to the application).

7 Is this a ministry program? \_\_\_\_\_ or a mission ministry? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit completed application form to:

Dr. Gloria Brown, Director of Racial-Ethnic Ministries  
East Ohio Conference of the United Methodist Church  
8800 Cleveland Avenue, NW  
North Canton, OH 44720 or

Email to: Shawndelle Rivera @ [shawndelle@eocumc.com](mailto:shawndelle@eocumc.com)

Amount Approved \$ \_\_\_\_\_

Rejected \_\_\_\_\_

Reason for rejection \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Chairperson of CORE

Signed: \_\_\_\_\_  
Dr. Gloria Brown, Director, Racial-Ethnic Ministry

Note: This form is an adaptation of the scholarship and grant application published by Rev. Armando Arellano and the Benevolent Funding Application.

Application must be postmarked by February 1<sup>st</sup>, May 1st, August 1st, or November 30th in any calendar year.