MINOR GRANT APPLICATION FORM

Board of Ordained Ministry East Ohio Conference

Date Received	
Amount	
Approved For Committee	Use Only

Date:	(F	(Funds are limited. Applications considered in order of receipt.)		
Name:				
Address:		City	Zip	
Phone:	email	Dis	trict	
I plan to participate in the	following:			
Name of the event	•			
Location of the event				
Sponsor of the event		Date of the event		
List your learning goals fo				
Date of Ordination		Elder	Deacon	
List the Continuing Educacurrent quadrennium and 1 2 3	the amounts of thos	se grants.	rd of Ordained Ministry grants in	
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? YesNoAmount \$
List other financial resources for which you ha grants, continuing education funds, aid from your solution funds, aid from your solutions.	eve applied and the amounts requested. (Other possible our congregation, personal resources or loans)
Number of hours, if any, to complete the r Number of contact hours during the event Number of CEUs requested	ing education credit, please provide the following information: required preparation for the event terature about the event with this application.
*******	************
District Superintendent's Signature	
Staff-Parish Chair Signature	
DateYour Signature	
Submit your completed application to:	
Andrew S	Scott as Street

Andrew Scott 677 Adams Street, Bedford, Ohio 44146-3715 (913) 961-0590 ascott1266@gmail.com