

**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)

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District Superintendent's Signature \_\_\_\_\_

Staff-Parish Chair Signature \_\_\_\_\_

Date \_\_\_\_\_ Your Signature \_\_\_\_\_

Submit your completed application to:

Karol Lewis  
245 Portage Trail  
Cuyahoga Falls, OH 44221  
330-923-5241  
klewis@firstchurchcf.com