

# APPLICATION

LANCASTER MENNONITE CONFERENCE

## LEADERSHIP EDUCATION GRANT

Applications will be reviewed and grants awarded by the Leadership Education Grant Committee three times per year. Applications should be submitted to the Lancaster Mennonite Conference Office by January 31, May 31, or September 30. Please complete all information requested or indicate "none" or "not applicable" if that applies to your situation. All information submitted in the application form is confidential and reviewed only by the Leadership Education Grant Committee.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Member of Congregation \_\_\_\_\_ District \_\_\_\_\_

bishop     pastor     associate pastor     elder/leadership team member \_\_\_\_\_

chaplain     deacon     deaconess     other \_\_\_\_\_

### PROGRAM OF STUDY: For what course of study is grant requested? <sup>1</sup>

For what period of time are you requesting support? FROM \_\_\_\_\_ 20\_\_ TO \_\_\_\_\_ 20\_\_

How many credits or classes will you be taking during this period of time? \_\_\_\_\_

Will your study be part of a degree program?

YES: What degree are you working on? \_\_\_\_\_

How many credits or classes are required for this degree? \_\_\_\_\_

How many credits or classes have you completed? \_\_\_\_\_

NO: What course(s) will you be taking? \_\_\_\_\_

What is the end goal of your studies? \_\_\_\_\_

Institution offering the course or degree:

Bible college or Bible school \_\_\_\_\_

Seminary \_\_\_\_\_

Other (Please specify:) \_\_\_\_\_

### FINANCIAL INFORMATION

Total cost for class/semester \$ \_\_\_\_\_

Congregational commitment of assistance <sup>1</sup> \$ \_\_\_\_\_

Any other sources of assistance (i.e. district/MMA/scholarship) \$ \_\_\_\_\_

Amount of tuition contributed by applicant \$ \_\_\_\_\_

Amount of grant money you are requesting \$ \_\_\_\_\_

Explain any unusual circumstances or special situation we should be aware of when considering this application:

<sup>1</sup> In reviewing applications, priority will be given to those that have congregational commitment to support a part of the leader's educational cost and to a leader who is currently working with a growth plan with the Leadership Development Program in the Conference.

## EDUCATIONAL BACKGROUND

	School or Institution	Major/Minor /Course	Diploma, Degree, Credits	Date of Degree
High School				
College/ University				
College/ University				
Graduate Study				

## REFERENCES *(from a pastor, professor, employer, or person with knowledge of your academic or pastoral background)*

Name	Position/Connection	Address	Phone

**RECOMMENDATION:** *Please attach to this application a brief, updated letter of recommendation from someone you report to or are accountable to such as your lead pastor, bishop, or mentor. It is important that this letter convey how your congregation will support you in this endeavor. **This letter must be updated at least once each calendar year.***

## BRIEFLY SHARE WHY YOU ARE PURSUING THIS COURSE OF STUDY.

*Share your learning objectives for this course of study and how it will enhance your present and/or future ministry.*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

Return application and recommendation to--  
**Lancaster Mennonite Conference**  
**Leadership Education Grant Committee**  
 2160 Lincoln Highway East #5  
 Lancaster, PA 17602  
 VERSION: APRIL 2004

<i>For Official Use Only</i>	<i>(Dates)</i>
Application received	_____
Application reviewed	_____
Candidate informed	_____
Funds released	_____
Amount of grant	\$ _____