

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? ¹

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 ¹ \$ _____

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:

¹ 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 letter of recommendation from your pastor, bishop, mentor, or other congregational leader. It is important that this letter convey how your congregation will support you in this endeavor.

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: NOV 2007

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