

CLERGY CONTINUING EDUCATION GRANT APPLICATION

Completed application should be received by May 6, 2022

BASIC INFORMATION

Name:				
Address:				
Phone:	Email:			
Date of Application:		Date of (Ordination:	
Deacon	Elder	Date(s) of Program:		
Have you previously re	eceived a Fou	ndation Grant? yes	no	
PROGRAM INFORMAT	ION			

Name and description of program:

How will this program benefit your ministry, the Local Church, or the Annual Conference?:

COST OF PROGRAM

Total Cost of Program:	
Personal Contribution	
Local Church Continuing Ed Funds	
Board of Ordained Ministry Continuing Ed Funds	

Signature of Applicant

Request to Foundation

The completed application should be returned to Nia Bailey by email to nbailey@cpumf.org or by standard mail to CPUMF PO Box 2590, Pasadena, CA 91102

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