

# Continuing Formation Grant Application

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

CLERGY CONFERENCE STATUS: Elder /Deacon    Probationary    Local Pastor    Associate

APPOINTMENT STATUS: F/T    75%    50%    25%

REQUEST IS FOR FUNDS FROM: MEF    LIEBLER    BLANCH GRAY    OTHER \_\_\_\_\_

**DESCRIBE YOUR CONTINUING FORMATION EVENT/EXPERIENCE** (including dates)

HAS THIS EVENT/EXPERIENCE BEEN APPROVED BY SPRC OR OTHER BODY? \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

**Anticipated Cost of Event:**

Basic Fee: \_\_\_\_\_

Books/Supplies \_\_\_\_\_

Travel: \_\_\_\_\_

Lodging & Meals: \_\_\_\_\_

Other Expenses: \_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_

**Income Sources for this event:**

Self \_\_\_\_\_

Local Church or other body \_\_\_\_\_

Other grants \_\_\_\_\_

**AMOUNT REQUESTED FROM FUNDS \$** \_\_\_\_\_

**PLEASE HOLD THIS AMOUNT IN ESCROW UNTIL NEXT YEAR    YES    NO**

Indicate below the name and address of the entity to whom the check should be sent (if other than the applicant). Proof of payment must accompany this application if the payee is the applicant or the local church.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please refer to the [Continuing Formation Aid Policy of BOOM](#) for complete application guidelines and information. Current policies will be used in approving all grants.

**Send completed application to: The Rev. Wilson Jones, 130 Genesee St., Avon, NY 14414  
Office: 585-226-8600**