

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 _____

Antcipated 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: Dorothy Norsen, 11 Duxbury Circle, Victor, NY 14564
Phone: 585-924-7516**