

Name: _____

Examples of Methods of Implementing a Continuing Education Program:

1. A reading program
2. A seminar or workshop sponsored by the Conference Board of Ordained Ministry and Continuing Education
3. A seminar or workshop offered by someone other than the Conference Board of Ordained Ministry and Continuing Education.
4. A support group
5. A degree program
6. Audit a course being offered by an institution of higher learning

**Please circle the Standard Functional Categories of Ministry
This event will help enhance: (circle all that apply)**

- | | |
|---|-------------------------------|
| A. Ecumenical Involvement | J. Interpersonal Relations |
| B. Missions | K. Leadership Development |
| C. Education for Ministry | L. Personal Life |
| D. Ministry for Children | M. Evangelism |
| E. Ministry for Youth | N. Preaching |
| F. Ministry for Adults | O. Public Worship Ministry |
| G. Community & Social Ministry | P. Pastoral Care & Counseling |
| H. Biblical/Theological | Q. Spiritual Formation |
| I. Organization & Administration Ministry | |

Continuing Formation Funds Application Form

1. Name: _____

2. Address: _____
Street

City

State

Zip

3. Phone: _____ Email: _____
(Area Code)

4. Present Appointment: _____

5. Your conference status and the date on which it was conferred:

6. List the title, subject matter, location, and leadership of the program for which you are applying:

7. Which area of ministry does it address?

8. Sponsoring institution or agency: _____

9. Date on which program begins: _____ Ending Date: _____

10. Cost of Program:	a) Tuition	\$ _____
	b) Meals	\$ _____
	c) Room	\$ _____
	d) Travel	\$ _____
	e) TOTAL	\$ _____
11. Amount Requested		\$ _____

10. Amount requested: \$ _____

(Up to \$300 per year—no more than 75% of the cost unless line 11 applies)

11. _____ Check here if your salary is below conference minimum salary plus \$1000

PLAN FOR CONTINUING EDUCATION

(To be developed working alone, or with one or more persons)

Name of Applicant: _____

Address:

Street	City	State	Zip
--------	------	-------	-----

Phone: _____ Email: _____
(Area Code)

A. This plan is to be shared with the Conference Panel on Continuing Education along with the application form when making requests for financial assistance.

LIST ONE GOAL FOR YOUR MINISTRY FOR THE NEXT THREE YEARS:

WHAT ARE YOUR PLANS TO ACHIEVE THIS GOAL: