

## **Application for Continuing Formation Funds for Short-Term Continuing Education Programs**

### **Guidelines and Instructions**

1. Those eligible for continuing education funds are: members of the Conference in full connection; provisional members who have finished seminary and are appointed full time; associate members; full-time local pastors who have completed the Course of Study; diaconal ministers and permanent deacons.
2. The Application for Continuing Education Funds form must be accompanied by the applicant's Plan for Continuing Education form.
3. In order to allow the Continuing Education Panel time to consider and process applications, the applications for assistance should be submitted well in advance of the beginning of the program - preferably at least sixty days. Applications after the beginning of an event will not be considered.
4. The total financial assistance to clergy shall not exceed \$300 per year.
5. The maximum grant available for a single continuing education program shall not exceed 75% of the cost of the event plus travel. The 75% limitation does not apply to any applicant whose annual salary does not exceed the Conference minimum salary by more than \$1000.
6. When it appears that applications for Continuing Education funds assistance may exceed available funds, the Panel reserves the right to determine priority of grants.

**Please send this completed form, along with your  
continuing education plan to:**

**Rev. Sandy Harlan  
Indiana Conference UMC  
301 Pennsylvania Parkway, Suite 300  
Indianapolis, IN 46280**

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: \_\_\_\_\_ e-mail: \_\_\_\_\_  
(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: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
(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:**