

**APPLICATION
FOR CONTINUING EDUCATION/SPIRITUAL GROWTH GRANT**

Board of Ordained Ministry

North Central NY Conference

Name: _____

Phone: _____

Mailing Address: _____

Present Appointment: _____

Check one: Full Time ¾ Time ½ Time ¼ Time

DESCRIPTION OF EVENT

Title of Event: _____ **CEU's: _____

Location: _____

Date: _____

Sponsoring Agency: _____

Costs: Fees _____
Meals _____
Lodging _____
Travel _____
Study _____
Materials _____
Pulpit _____
Supply _____
Other _____
Total: _____

Fund Sources: Personal _____
Local _____
Church _____
Scholarship _____
Other _____
*Cont. Ed. Request _____

Total: _____

*Up to 1/3 of the cost of an event may be requested with a ceiling of \$500 per calendar year and a further ceiling of \$1,500 per quadrennium.

(It is our hope that the local church will pay at least 1/3 and the pastor pay 1/3.)

** If the event does not qualify for CEU's, specify contact hours, include a proposal and description of the event for approval by CFSG.

Send applications to the Continuing Education Coordinator for the Board of Ordained Ministry: Rev. Judy Alderman, 2112 S. Geddes St, Syracuse, NY 13207, or e-mail: jalderma@twcny.rr.com.

ENDORSEMENTS: Those signing are attesting to the fact that the event is consistent with the applicant's established goals for continuing education:

1. Chairperson of the Staff-Parish Relations Committee
Signed: _____ Date: _____

2. District Superintendent:
Signed: _____ Date: _____

3. Applicant:
Signed: _____ Date: _____

4. Chair of CFSG – Required when CEU's are not applicable per Continuing Education Policy approved 3/19/02, effective 7/1/02
Signed: _____ Date: _____