

**LEADERSHIP GRANT REQUEST FORM
CONTINUING EDUCATION FOR LAY MEMBER OF THE SYNOD**

Name _____

Address _____

City/Town _____ State _____ Zip _____

E-mail _____ Phone _____

Congregation, Agency or Ministry _____

Address _____

_____ State _____ Zip _____

1) I am: Parish Ministry Associate (PMA) PMA Candidate Synod Authorized Minister (SAM) Volunteer in my Congregation Professional Church Worker

2) Describe below the course(s) of study this grant would support – include date(s), place, and course content:

3) I expect this study will help me in leading the congregation (agency, ministry) to:

Total cost of study: _____

(attach budget details: tuition/travel/lodging/meals, etc.)

Congregation/Agency will contribute: _____

I will contribute: _____

Grant request: _____

I hereby certify that the above is true and an accurate statement of the information required for this request. I agree that following the education event, I will write a brief description of what I learned and how I will apply it to my ministry setting and submit it to the endowment committee. Grants will be paid directly to the educational institution for registration or reimbursement following receipt and must be used within six months unless otherwise requested.

Signature _____ Date _____

Lay Member

Signature _____ Date _____

Congregation Pastor/SAM

Mail to: Mission Endowment Fund CSS
420 W 14th St. Suite 101
Kansas City, MO 64105