

APPLICATION

LEADERSHIP EDUCATION GRANT

Applications will be reviewed and grants awarded by the Leadership Education Grant Committee two times per year. Applications should be submitted to the Lancaster Mennonite Conference Office by January 31 or July 31. Please complete all information requested or indicate “none” or “not applicable” if that applies to your situation. All information submitted in the application form is confidential and reviewed only by the Leadership Education Grant Committee.

Name _____

Address _____ (city) _____ (state) _____ (zip) _____

Phone (home) (_____) _____ (work) (_____) _____

E-mail _____

Member of Congregation _____ District _____

bishop pastor associate pastor elder/leadership team member _____

chaplain deacon deaconess other _____

PROGRAM OF STUDY: For what course of study is grant requested? ¹

YES NO Have you received a LEG grant before? If YES, what grade(s) did you receive for that class? _____

For what period of time are you requesting support? FROM _____ 20__ TO _____ 20__

How many credits or classes will you be taking during this period of time? _____

YES NO Will your study be part of a degree-granting program?

What degree are you working on? _____

How many credits or classes are required for this degree? _____

How many credits or classes have you completed? _____

What course(s) will you be taking? _____

What is the end goal of your studies? _____

Institution offering the course or degree:

STEP/Eastern Mennonite University Eastern Mennonite Seminary

Other (Please specify:) _____

FINANCIAL INFORMATION

Total cost for class/semester \$ _____

Congregational commitment of assistance ¹ \$ _____

Any other sources of assistance (i.e. district/MMA/scholarship) \$ _____

Amount of tuition contributed by applicant \$ _____

Amount of grant money you are requesting \$ _____

Explain any unusual circumstances or special situation we should be aware of when considering this application:

¹ In reviewing applications, priority will be given to those that have congregational commitment to support a part of the leader's educational cost and to a leader who is currently working with a growth plan with the Leadership Development Program in the Conference.

EDUCATIONAL BACKGROUND (first-time applicants only)

	School or Institution	Major/Minor /Course	Diploma, Degree, Credits	Date of Degree
High School				
College/ University				
College/ University				
Graduate Study				

REFERENCES (from a pastor, professor, employer, or person with knowledge of your academic or pastoral background)

Name	Position/Connection	Address	Phone

RECOMMENDATION: Please attach to this application a brief, updated letter of recommendation from someone you report to or are accountable to such as your lead pastor, bishop, or mentor. It is important that this letter convey how your congregation will support you in this endeavor. ***This recommendation letter must be updated once each calendar year.***

- NEW APPLICANTS ONLY:** Briefly share how this course of study will enhance your present and/or future ministry.
- RETURNING APPLICANTS ONLY:** Briefly share how this current class moves you closer to your ministry goal.
- GRADUATING APPLICANTS ONLY:** Briefly share how the grants you received help you meet your goals.

(Date)

(Signature of Applicant)

Return application and recommendation to--
Lancaster Mennonite Conference
Leadership Education Grant Committee
 2160 Lincoln Highway East #5
 Lancaster, PA 17602
 VERSION: OCTOBER 2015

For Official Use Only	(Dates)
Application received	_____
Application reviewed	_____
Candidate informed	_____
Funds released	_____
Amount of grant	\$ _____