



# APPLICATION

## URBAN EDUCATION GRANT

Applications will be reviewed and grants awarded by the Leadership Education Grant Committee in August. Applications should be submitted to the LMC Office by July 31. Applications must be from individuals ministering in an urban setting and/or racial/ethnic background. 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 LMC Grants Committee.

Name \_\_\_\_\_

Address \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone (home) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Application \_\_\_\_\_

Member of Congregation \_\_\_\_\_ District \_\_\_\_\_

In your congregation, what role(s) do you serve in? \_\_\_\_\_

Do you meet the grant criteria as listed above and in the brochure?  YES  NO

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

Have you received a UEG grant before?  YES  NO

For what period of time are you requesting support? FROM \_\_\_\_\_ 20 \_\_ to \_\_\_\_\_ 20 \_\_

What grade or course will you be enrolled in this year? \_\_\_\_\_

What diploma or degree are you working on? \_\_\_\_\_

What grade or how many credits or classes will you be taking during this period of time? \_\_\_\_\_

Institution offering the instruction: \_\_\_\_\_

### FINANCIAL INFORMATION

Total cost for grade/class/semester	\$ _____	
Congregational commitment of assistance		\$ _____
Any other sources of assistance		\$ _____
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:

**TWO REFERENCES AND TWO RECOMMENDATIONS** *(from your pastor/bishop, and one other from a teacher, employer, or person with knowledge of your situation)*

Name	Position/Connection	Address	Phone
	<b>pastor</b>		

**RECOMMENDATIONS:** *Please have references listed above send an email recommendation to Mindi Hoover (mhooover@lmcchurches.org). It is important that one letter convey how your congregation will support you in this endeavor. These recommendation letters must be updated once each calendar year.*

**EDUCATIONAL BACKGROUND** of post-secondary students only

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

**Essay for post-secondary applicants**

- 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 helped you meet your goals.

**Essay for primary and secondary school applicants**

- Share your testimony of when and why you accepted Jesus Christ as your personal Savior, and what your faith means to you today.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

Return application and recommendation to--  
**LMC**  
**LMC Grants Committee**  
 2160 Lincoln Highway East #5  
 Lancaster, PA 17602  
 VERSION: July 2018

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