

**Northeastern Pennsylvania Synod
Leadership Development Team
Ministry Support Grant Application**

With this application, rostered leaders of the Northeastern Pennsylvania Synod may apply for matching grants of up to \$250 to support continuing education. Please submit all applications a minimum of 120 days prior to the event for which you are asking grant assistance. The team will review the application at its next meeting and reply to you. Applications should be sent to the Leadership Development Team c/o Northeastern PA Synod, 4865 Hamilton Boulevard, Wescosville, PA 18106-9705

Name: _____

Address: _____

City: _____ **Zip:** _____

Telephone: _____

Email address: _____

Congregation/Institution/Agency: _____

How much are you requesting for this grant (up to \$250)? _____

Application continued on the back of this sheet

Please describe the continuing education program or event (If possible please attach publicity material from the program):

How does this continuing education event relate to the team's goals and outcomes?

How does this program or event relate to your ministry?

How are you planning to pay for this program or event?

Total Cost of Program _____

Congregation's Share _____

Personal Share _____

Grant _____

Is this program or event part of a degree program? If so, where and what degree?