

# Group Request for Ministerial Education Fund Grant

From The Mountain Sky Conference of the United Methodist Church

Group contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Program, plan or event: \_\_\_\_\_

Who is sponsoring the event? \_\_\_\_\_

Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Number of persons expected to attend: \_\_\_\_\_

Cost: Instructional cost (Tuition, books, speaker)	\$ _____
Living costs (Room, meals, etc.)	\$ _____
Travel costs (Mileage or fares)	\$ _____
TOTAL COST	\$ _____
Subtract other financial help	\$ _____
TOTAL COST	\$ _____
Fee charged each participant	\$ _____
Times number of participants	\$ _____
TOTAL REQUEST	\$ _____

Goals and purposes: *(use additional space as needed to describe)*

1. What needs do you hope to meet through this group event?
2. How many contact hours and/or CEUs do you anticipate from this event?

(Remember, to receive future grants, the group contact person must submit a brief Evaluation Form of this experience to the Continuing Formation Coordinator and supply a list of the names and addresses of all participants in this event.)

Upon completion, mail this completed form to:

Rev. Kent Ingram, Continuing Formation Coordinator, Board of Ordained Ministry  
First United Methodist Church, 420 N. Nevada Avenue, Colorado Springs, CO 80903  
Phone: (719) 884-2460  
Fax: (719) 471-8533  
**E-mail: [mef@fumc-cs.org](mailto:mef@fumc-cs.org)**