# Illinois Great Rivers Conference

# Board of Ordained Ministry

# Committee on Continuing Formation

# Application for Continuing Education Funds for Ministers

**Continuing Education Standards:**

1. A "Unit" of continuing education credit is no less than ten (10) hours of supervised study.
2. Each minister shall have at least eight (8) units of continuing education per quadrennium.
3. The continuing education experience, to qualify for funding or credit, must fall within one or more of the following three areas: Scholarship (Disciplined Study), Methods of Ministry (Skill Development), and Personal Growth and Development (Self Enrichment).
4. The District Superintendents, Bishop and Committees on Pastor-Parish Relations will encourage ministers to meet these recommendations for Continuing Education Standards and, hopefully, exceed them.

**Eligibility Requirements for Funding:**

1. An applicant must be a minister with an IGRC appointment *and serving within IGRC’s bounds* at the time of applying for continuing education funds.
2. The proposed education program must be approved by the Continuing Education Fund Officer and should not be duplicated by an existing program in the area.
3. Financial assistance must be needed.
4. An applicant must be willing to help meet his/her education expenses.
5. Approval of the proposed program as well as supplementary financial assistance must be sought from the local church or institution being served by the applicant.
6. Continuing education funds will be provided for up to one-third (1/3) of the cost of books, tuition, and room and board of the particular program. Transportation costs are not included.
7. The applicant's charge is expected to fulfill its Ministerial Education Fund apportionment responsibility. Cont. Formation Team will verify this with the IGRC Treasurer.
8. Application for funds must be submitted to the Continuing Education Fund Officer two months before the date on which the particular program begins. Application forms may be obtained from the District Superintendent*,* the Continuing Form. Team Chair, or the IGRC\BOM website.
9. Each applicant is eligible for up to $2000 every four years dating from the first application and approval for funds and no more than $500 per CE event. Doctor of Ministry candidates may receive up to $2000, in two installments. Full Members under appointment less than full time can apply for funds on a prorated basis.
10. The applicant shall state on his/her application how this project aids his/her long-range continuing formation plans for ministry.

# Application for Continuing Education Funds for Ministers

I. **Personal Information**

(Please print or type)

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | Date of Birth: |  |
|  |  |  |  |  |
| Home Address: |  |
| City: |  | State: |  |  | Zip: |  |
|  |  |  |  |  |
| Current Conference Appointment/Charge: |  |
|  |  |  |  |  |
| E-Mail address(es) |  |
|  |  |  |  |  |
| Home Phone: |  |  | Church Phone: |  |
|  |  |  |  |  |
| Marital Status (check one) |  |  |  |
|  |  |  |  |  |
|  | Married |  | Single |  | Widowed |  | Other |  |  |
|  |  |  |  |  |
| Spouse’s name: |  | Occupation: |  |
|  |  |  |  |  |
| Children and Dependents |  | Ages | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Your Formal Education: list any schools you have attended and degrees earned, beginning with most recent and listing in reverse order:

|  |  |  |
| --- | --- | --- |
| Name of Institution | Degree | Date earned |
|  |  |  |
|  |  |  |
|  |  |  |

List Continuing Education Courses you have taken during the past four (4) years:

|  |  |  |
| --- | --- | --- |
| Course | Institution | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

1. Continuing Education Event for which financial assistance is being requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of event/course |  |
|  |  |  |  |  |
| Location: |  |
|  |  |  |  |  |  |
| Dates: |  |  |  |
|  |  |  |  |  |  |
| Describe subject area and brief description of course/program: |  |  |
|  |
|  |  |  |
| Purpose of Programs: |  |  |  |  |
|  |
| Describe how your regular pastoral/ministerial responsibilities will be handled in your absence: |
|  |

1. Estimated expenses for Course/ Event:

Itemize expenses that will be incurred in attending the above-described continuing education project. Such expenses must be related only to attaining the specific educational experience described above (in addition to basic family maintenance):

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Tuition | $ |  |
| Room and Board | $ |  |
| Books and Supplies | $ |  |
| Additional costs (***excluding*** transportation); please describe: |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  |  |  |
| Total expense estimate: | $ |  |

1. Resources:

 List all known resources available for this program:

|  |  |  |
| --- | --- | --- |
| $ |  | from Local Church budget and allowances |
| $ |  | Other |

 If this item is answered ‘none’, please indicate any steps you have taken to the establishment of a continuing education fund in your Church budget:

|  |
| --- |
|  |

Budget for this Course

|  |  |  |  |
| --- | --- | --- | --- |
| $ |  |  | Registration fee for Course |
| Minus  | $ \_\_\_\_\_\_\_\_\_ |  |  Contribution from Church, District funds, other sources |
| $ |  |  | Amount requested from BOM |
| $ |  |  | TOTAL |
|  |  |  |  |
|  |  |  | Number of actual hours of guided study (lectures, labs, field work, etc.) |
| (Formula for CEU credits is 1 (one) unit for each 10 hours of guided study) |

1. Request for Financial Assistance

|  |  |  |
| --- | --- | --- |
| I request consideration of a grant in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_ for this course/program. |  |  |
|  |  |  |
|  |  |  |
| Date funding needed: |  |  |  |
| Date of application |  |  |  |
|  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  *Signature of Applicant* |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature of Applicant’s District Superintendent*

 (Affirmation that Applicant’s charge is fulfilling annual MEF apportionment responsibility)

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Applicant may attach any additional supplementary information to this application describing the course or his/her need or use the space below for further explanatory information related to the need for financial assistance:

|  |
| --- |
|  |

Please review this application and make certain it is complete. An ***Incomplete*** application will not be considered and will be returned to the applicant.

Forward completed form to:

Carol Rankin

BOM, Continuing Formation Chair

2407 Wheatland Drive

Quincy IL 62305

phone 217 743.6305 or 217.242.2296 *(email:* rankin@adams.net*)*

*Rev. 10/30/12*