



**CANADIAN CHURCH OF GOD MINISTRIES
ANNUAL APPLICATION FOR FINANCIAL ASSISTANCE
IN LEADERSHIP DEVELOPMENT**

Submit completed form to:
LD Director, Unit #102, 4909B – 48 St, Camrose, AB T4V 1L7

PERSONAL INFORMATION (Print or type clearly)					
Name:			Date:		
Gender: Male Female	Age:		Marital Status:	Name of Spouse:	
Address:					
City/Town:			Province:	Postal Code:	
Home Phone/Cell#:	Work Phone #:		Email/Fax:		

CALL TO MINISTRY
Briefly explain your spiritual journey and call to ministry. Share how you and your local church will benefit from your involvement in the expected training program. Please attach additional pages if necessary.

MINISTRY EXPERIENCE
Briefly explain your ministry experiences (past and present). Please attach additional pages if necessary.

LEADERSHIP DEVELOPMENT PLANS

Name of Training Event/Course/Program:
Name of Organization/Institution:
Duration of Training:
Explain your financial plans (What other sources for funding are you accessing?)

PERSONAL LEADERSHIP DEVELOPMENT GOALS

Please mark with an X which of the following best describes your leadership development goals.

- College student attending a recognized institution and enrolled in a Bachelor's program - preparing for pastoral ministry with the Church of God.
- Seminarian attending a recognized institution preparing for pastoral ministry with the Church of God.
- Graduate of Church of God institutions or other theological seminary wanting to participate for 6 to 12 months in an apprenticeship experience program at a Church of God congregation.
- Credentialed minister with the Canadian Church of God Ministries wanting to upgrade academic education.
- Lay leader in leadership within Church of God congregation wanting leadership development training.

LEADERSHIP DEVELOPMENT FUNDS REQUESTED

Anticipated Cost for course/seminar/training	
Anticipated Cost for travel/lodging	
Anticipated Cost for materials/books, etc.	
Anticipated Amount Raised Through Personal Means (friends, family, etc.)	
Anticipated Amount Raised Through Your Local Congregation	
Requested Financial Support Amount	
Date funds are needed:	
NOTE: Cheque will be made out & mailed to your local congregation	

APPLICANT SIGNATURE:

DATE:

CHURCH REFERENCE/APPROVAL

Board Chair Signature: _____ Date: _____
 Senior Pastor Signature: _____ Date: _____
 (for Associate Pastor or Lay Leader)

APPROVAL

Leadership Development Director:

Date: