

# Continuing Formation Funds

## GUIDELINES GOVERNING CONTINUING FORMATION GRANTS

*The Board of Ordained Ministry*

*West Virginia Conference*

*The United Methodist Church*

Continuing formation funds are available to clergy members in full connection, associate members who have completed Course of Study and are not working toward provisional membership, provisional members who have completed the Residency Program, full and part time local pastors who have completed Course of Study, and diaconal ministers who have been under full-time appointment for at least two years. Retired clergy who are involved in church related ministry and clergy on sabbatical leave will be considered on a per case basis.

**Part 1** of the application should be prepared in advance and submitted to the Continuing Formation Funds coordinator at least one month before the funds are needed. **Part 2** of the application is to be prepared immediately following the continuing formation event or experience and remitted with expense vouchers and **original** receipts to the same address.

Grants will be made for experiences designed to enhance ministry.

Acceptable Continuing Education programs must meet the following criteria:

- Preparation – Applicants must indicate what advance preparation is to be done.
- Participation and Performance – Applicants must report what will be expected of them, what demonstration of skills or information is desired, what follow through might be necessary. Forward a copy of the event brochure with Part 1 of the application if one is available.
- Sponsorship – Indicate what institution or group is in charge of the event?
- Program Planning and Evaluation – State clearly the rationale and objectives of the experience
- Leadership – Indicate the qualifications of the professional staff of the event.

Applicants are encouraged to upgrade events that do not meet the above criteria by planning additional work. This may be done in consultation with the leader(s) of the event or with the chairperson of Continuing Formation Funds. For example, an applicant may wish to pursue a reading list prior to an event, even though the sponsors for the event do not require it. In all cases, the continuing education plan must meet the criterion before being eligible for funding.

Grants will be awarded for up to \$600.00 every 2 years depending upon the availability of funds. Funds will be forwarded following receipt of expense vouchers and **original** receipts.

Grants may be made for group education experiences, such as district pastor's schools or retreats at the discretion of the committee. Grants will be made on a "first come, first served" basis.

April 2017

# APPLICATION FOR CONTINUING FORMATION FUNDS

*The Board of Ordained Ministry  
West Virginia Conference The  
United Methodist Church*

## Part 1

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### CONFERENCE RELATIONSHIP:

Full Member;  Associate Member;  Diaconal Minister;  Full-Time Local Pastor

Provisional Member (Not In Residency Program);  Part-Time Local Pastor

How Long Have You Been Under Appointment? \_\_\_\_\_

Present Appointment \_\_\_\_\_ District \_\_\_\_\_

Continuing formation event for which you are requesting assistance:

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Brief statement about criteria in relation to the event (See Guidelines):

Preparation:

Participation and Performance:

Sponsorship:

Program Planning and Evaluation:

Leadership

April 2017

Return to: Rev. Stephanie Bennett PO Box 951 Barrackville, WV 26559
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# REPORT FOR CONTINUING FORMATION FUNDS

*The Board of Ordained Ministry  
The West Virginia Conference  
The United Methodist Church*

## Part 2

Please submit immediately following the event. Include financial report and receipts when requesting reimbursement.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

Continuing formation event for which you are requesting assistance:

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Itemize Expenses:

List amounts and source of funds you will be receiving toward your costs for this event including Continuing Formation Funds:

Tuition/Fees: _____	Amount: _____	Source: _____
Travel/Mileage (current IRS mileage reimbursement rate): _____	Amount: _____	Source: _____
Lodging at Destination: _____	Amount: _____	Source: _____
Meals at Destination _____	Amount: _____	Source: _____

Amount of assistance you are requesting from the Continuing Formation Fund: \$\_\_\_\_\_

Maximum of \$600 in 24 months – Mileage and attached receipts/vouchers must add up to amount requested

Signature \_\_\_\_\_

April 2017

Return to:  
Rev. Stephanie Bennett  
PO Box 951  
Barrackville, WV 26559