## LEADERSHIP GRANT REQUEST FORM CONTINUING EDUCATION FOR LAY MEMBER OF THE SYNOD

Name		
Address		
City/Town	State	Zip
E-mail	Phone _	
1) I am:Parish Ministry	Associate (PMA)	PMA Candidate
Volunteer in my	/ Congregation	Professional Church Worker
<ol> <li>Describe below the course(s) of study t</li> <li>(continue on back if more space is needed</li> </ol>		t – include date(s), place, course content:
2) I expect this study will help me in lead (continue on back if more space is needed		(agency, ministry) to:
Total cost of study:	\$	
(attach budget details: tuition/travel/lodg	ging/meals, etc.)	
Congregation/Agency will contribute:	\$	
I will contribute:	\$	
Grant request:	\$	
I hereby certify that the above is true and I agree, that following the education even it to my ministry setting and submit it to the educational institution for registration or months unless otherwise requested.	t, I will write a brief desche endowment committe	cription of what I learned and how I will apply tee. Grants will be paid directly to the
Signature		Date
Lay Member	•	
Signature		Date
Congregation Pa	stor	

Mail to: Mission Endowment Fund CSS 420 W 14<sup>th</sup>, Suite 101 Kansas City, MO 64105