



**Commission on Evangelism  
North Carolina Conference of the UMC  
P. O. Box 10955  
Raleigh, North Carolina 27605  
Attention: Rev. Linda Harris, Conference Representative**

**INDIVIDUAL CONTINUING EDUCATION GRANT APPLICATION**

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

Name: \_\_\_\_\_ SSN (for payment): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_

**Title and Description of Evangelism Event You Wish to Attend:**

\_\_\_\_\_

Dates: \_\_\_\_\_ Sponsoring Institution: \_\_\_\_\_

Location: \_\_\_\_\_ # C.E.U. Units: \_\_\_\_\_  
(required)

Costs: Registration & Tuition \$ \_\_\_\_\_ Registration Confirmation # \_\_\_\_\_

Lodging \$ \_\_\_\_\_ Hotel Name & Confirmation # \_\_\_\_\_

Name on reservation : \_\_\_\_\_

Travel \$ \_\_\_\_\_ Airline Name & Confirmation #: \_\_\_\_\_

What funds, if any, will you receive from other sources for this event? \_\_\_\_\_

**Grant Amount Requested from the Commission on Evangelism \$ \_\_\_\_\_**

**I understand this application is not a guarantee of funding. Further, I agree if these funds are not used for this conference, I am REQUIRED to repay the full amount to the NCCUMC Commission on Evangelism within 30 days of the event date. In consideration for receiving these funds, I am willing to share knowledge from this conference with the venues of the Commission on Evangelism.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of SPRC Chairperson** \_\_\_\_\_

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Please send this completed application to: **Rev. Linda Harris, Conference Rep.  
c/o NCCUMC, P. O. Box 10955, Raleigh, NC 27605**

(Do Not Write Below This Line)

Date \_\_\_\_\_ Grant Amount Approved \$ \_\_\_\_\_

Signature of Commission on Evangelism Chair \_\_\_\_\_