PRESBYTERY OF CHICAGO

Pastor Support Grant Application

Name: _____ Date: _____

Email: _____ Phone Number: _____

Address: _____

Present position: _____

Number of Hours per week: _____

(After completing the appropriate section, please sign the last page of the grant form

For what purpose are you seeking a grant?

- ☐ Continuing Education/Study Leave (complete section I)
- ☐ Family Leave (complete section II)
- ☐ Sabbatical (complete section III)
- ☐ Pastoral Emergency (complete section IV)

If applicant serves in a validated or specialized ministry, instead of session approval have proper authority (board, HR, management) approve request and proper leadership sign.

I. Continuing Education/Study Leave

Name, dates, and location of study leave program:

_____

_____

Have you been accepted for this program? ☐ Yes ☐ No

Does this program lead to a degree or certification? ☐ Yes ☐ No

If so, what and when? _____

Cost of program for this year: _____

(If you are traveling with your family, include costs for yourself only. No funds are available for family lodging, meals etc.)

Amount of your yearly continuing education allowance: _____

A. Congregation's contribution: _____

B. Your Contribution *(including your Continuing Education allowance):* _____

C. What amount do you seek from presbytery? _____

Have you received monies in the past for this particular educational program? ☐ Yes ☐ No

If yes, for what years? _____

How will you share with others the skills and knowledge you gained through your program? _____

_____

_____

_____

Anything else you would like us to know? _____

_____

(Note: For D.Min study, funds are capped at $2,000 per year, and $5000 total over 3 years, as funds are available.)

The Session of the _____Church recognizes and approves of this continuing education for _____

*Signature of Clerk: _____Date: _____

*If you are an at large member of presbytery, please have this application endorsed and signed by the session of the congregation in which you are worshiping.

II. Family Leave

Please consult the Family Leave Guidelines of POC ***here****.*

Purpose of Family Leave _____

Dates From/To: _____

What amount do you seek from presbytery?_____

Anything else you would like us to know? _____

_____

_____

_____

The session of the _____Church recognizes and approves of this

Family Leave for: _____

from (dates): _____

*Signature of Clerk: _____Date: _____

*If you are an at large member of presbytery, please have this application endorsed and signed by the session of the congregation in which you are worshiping.

III. Sabbatical

Sabbatical Dates- From/To: _____

Purpose of Grant: _____

What amount do you seek from presbytery? _____

Anything else you would like us to know? _____

_____

_____

The session of the _____Church recognizes and approves of this Sabbatical for: _____

from (dates): _____

*Signature of Clerk: _____ Date: _____

Note: Sabbatical Grants are capped at 12 weeks with $250 per week for pulpit supply and $100 per week for the pastor's sabbatical expenses. Fewer weeks taken are prorated.

*If you are an at large member of presbytery, please have this application endorsed and signed by the session of the congregation in which you are worshiping.

IV. Pastoral Emergency

What is the emergency?

Have you applied to the Board of Pensions emergency fund? ☐ Yes ☐ No

Congregation's contribution: _____

Your Contribution: _____

What amount do you seek from presbytery? _____

Have you received monies in the past for a pastoral emergency? ☐ Yes ☐ No

If yes, in what year and what amount? _____

Anything else you would like us to know? _____

THIS MONEY IS TO BE USED ONLY FOR THE PROGRAMS LISTED ABOVE

Signature: _____ Date: _____

Committee on Ministry Approval: _____ Date: _____

Email this completed form to **both**:
Sandy Zeles, COM Moderator
COMModeratorPOC@gmail.com

Ken Hockenberry, Stated Clerk and Business Manager
khockenberry@chicagopresbytery.org

FOR PRESBYTERY OFFICE USE ONLY
DATE RECEIVED: _____
COM APPROVED: _____
CHECK MAILED: _____

Retain a copy for your personal file.