**A logo with text on it

Description automatically generated**

**Application for Campus Ministry Grant Program**

**Date Submitted:**

**Name of Church/Congregation and Church ID #:**

Address of Church/Congregation:

Phone:

E-Mail:

Web Site:

**Name of the Community College, College and/or University for Engagement in Ministry:**

**Contact Information for the Church Council President:**

Name:

Email:

Cell Phone/Phone:

**Contact Information for the Called/Contracted Rostered Minister Serving the Church:**

Name:

Email:

Cell Phone/Phone:

**Contact Information for the Person Completing this Application:**

Name:

Address:

Email:

Cell Phone/Phone:

**GRANT REQUEST: Please make your request below. Grant will be approved within 30 days of submission. First distribution of funds will be made promptly after approval.**

**If your situation warrants a different arrangement, please let us know.**

**Campus Ministry Related Ministry Program Support**

Total request of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (up to $2,500)

Explain any special payment consideration needs:

**REQUEST SUMMARY STATEMENT (1-3 pages in length) ‑** Provide, in one to three pages, a description of your request, including the name of your Church/organization and what community college, college, and/or university your proposed request will assist.

Please use the following suggestions to guide your statement.

* **Key Question: Will this grant support a launching of a new and sustainable connection with your church or ministry site to a local college campus?**
* Who will be impacted, assisted, transformed and/or inspired by this new campus ministry opportunity?
* How does your proposal meet the criteria to receive this grant?
* How this grant will carry the ministry of Christ from your church or ministry site to the campus of a local college or university.

**BUDGET** – Attach the budget for this special project.

**Signed (Church Council President) Print Name Date**

**Signed (Pastor/Rostered Leader) Print Name Date**

**Signed (Person Filling Out Application – if not the above) Print Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You must submit a **one-to-three-page** summary of your request.

**Please Email to:**

Rev Jason Shank

Director of Evangelical Mission and Assistant to the Bishop

[**jshank@metrodcelca.org**](mailto:jshank@metrodcelca.org)