

**Northeast District Asking Fund  
Application for Continuing Education Assistance for LAITY**

**Goal:** To provide continuing education funds to LAITY within the Northeast District. This financial assistance may be granted for participation in programs which further the applicant's personal and/or professional development and assist them "to excel in the gifts that build up the church" (1 Corinthians 14:12).

**Strategy:** With the intent to "build up the church" the Northeast District Connectional Ministries Council Executive Committee will administer the Continuing Education Funds of up to \$300.00 per year per approved lay applicant on a first come first serve basis as long as funds are available.

**Guidelines:** Fill out the application fully. Applicants are required to receive Ad Board/Council approval and recommendation for the specific continuing education opportunity and a signature from the Ad Board/Council Chairperson. Applicant must also sign this form.

**Please note that beginning in 2017, these scholarships are only for laity.**

**Support for PASTORS' Continuing Education.** Because pastors have additional sources for funding their continuing education, these scholarships have been designated for laity. Pastors are asked to use their local church continuing education funds and apply Board of Ordained Ministry funds for seminary, Course of Study, and Continuing Education (see <http://www.iaumc.org/forms>) and click on Board of Ordained Ministry.

Each applicant is encouraged to consider first their personal contribution to their continuing educational opportunity and then encouraged to request financial support from the local church. Participants in the School for Lay Ministry are also encouraged to contact the Iowa Annual Conference Board of Laity for the possibility of continuing education financial assistance.

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**PART I Personal History**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Age \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Laity \_\_\_\_\_ Clergy \_\_\_\_\_

Local Church Name and Address

**PART II Continuing Education Opportunity for which assistance is requested.**

Name of C.E. Program (**Enclose a copy of the brochure or other documentation**)

Location of C.E. Program \_\_\_\_\_

List the topics or subject areas and a brief description of the C.E. program.

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This C.E. program will be helpful to me, my local church, and my district in the following ways:

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This applicant has presented their request to their local church/charge Ad Board/Council and has received approval and a recommendation to attend said C.E. program because it will assist the applicant in excelling in the gifts that build up the church.

**SIGNATURE OF AD BOARD/COUNCIL CHAIRPERSON** \_\_\_\_\_

**YOUR SIGNATURE** \_\_\_\_\_

### Part III Resources

#### ITEMIZE EXPENSES FOR C.E. PROGRAM

Room and board while at program	\$ _____
Tuition Expense	\$ _____
Travel	\$ _____
<b>TOTAL COST</b>	<b>\$ _____</b>

#### SOURCES OF FUNDING

Personal Funds	\$ _____
Local Church	\$ _____
Other	\$ _____
Conference	\$ _____
<b>TOTAL AVAILABLE</b>	<b>\$ _____</b>
<b>TOTAL REQUESTED</b>	<b>\$ _____</b>

### Part IV Other Information

Date funds are needed \_\_\_\_\_ Date of this application \_\_\_\_\_

**Please allow at least two (2) weeks for the processing of this request.**

**Please list other funds received for Continuing Education from the NE District during the past 12 months and for what programs:**

\_\_\_\_\_  
\_\_\_\_\_

**(If you wish to provide any other information, please do so in the space below.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE MAIL THIS APPLICATION TO:** Northeast District Office UMC  
Thunder Ridge Court  
2302 W. 1<sup>st</sup> St., Suite 2  
Cedar Falls, IA 50613

**OR**

**EMAIL THE APPLICATION TO:** [karen.wersinger@iaumc.org](mailto:karen.wersinger@iaumc.org).

**DO NOT USE THIS SPACE**

Received by District Committee \_\_\_\_\_ Amount Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

F.O.M. Signature \_\_\_\_\_ Date \_\_\_\_\_