

**Virginia Mennonite Conference**  
**Ministerial Training Trust Fund (MTTF)**  
**Grant Application**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Name of VMC Congregation Currently a Member of: \_\_\_\_\_

Pastor: \_\_\_\_\_ School/Agency: \_\_\_\_\_

MTTF Grant Requested (check box below):

- |  |   |
|--|---|
| <input type="checkbox"/> George R. & Margaret Brunk II | <input type="checkbox"/> Harry & Naomi Brunk    |
| <input type="checkbox"/> Grant & Ruth Brunk Stoltzfus  | <input type="checkbox"/> M. Lloyd & Sara Weaver |
| <input type="checkbox"/> Linden M. & Esther H. Wenger  | <input type="checkbox"/> Calvary District       |
| <input type="checkbox"/> Central District              | <input type="checkbox"/> Eastern District (VA)  |
| <input type="checkbox"/> Eastern Carolina District     | <input type="checkbox"/> Harrisonburg District  |
| <input type="checkbox"/> Northern District             | <input type="checkbox"/> Potomac District       |
| <input type="checkbox"/> Southern District             | <input type="checkbox"/> T/C/K District         |
| <input type="checkbox"/> Youth                         |   |

Amount Requested: \$ \_\_\_\_\_ (Up to \$500/semester, full time, depending on availability of funds)

Enrollment:  full time  part time \_\_\_\_\_ credits  non-credit/continuing education

fall semester  spring semester  fall & spring semester  summer term  Ministry Inquiry

As grants are normally sent directly to the educational agency, please provide:

Name of educational institution: \_\_\_\_\_

ID # (if needed): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Academic Program:  Seminary  Undergraduate  Other \_\_\_\_\_

Other financial aid previously received / applied for \_\_\_\_\_

Vocational goals \_\_\_\_\_

**References (one must be a pastor):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to** (applications are reviewed at the first of each month):

Anieta McCracken, Administrative Services Manager

Virginia Mennonite Conference

601 Parkwood Dr

Harrisonburg VA 22802

[Anieta.mccracken@virginiaconference.org](mailto:Anieta.mccracken@virginiaconference.org)

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**For office use only:**

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

Initials: \_\_\_\_\_

**Overseer's Review**

I approve this application

I have questions about this application

Overseer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken by Committee: \_\_\_\_\_

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

Signature: \_\_\_\_\_