Virginia Mennonite Conference

**Ministerial Training Trust Fund (MTTF)**

**Grant Application**

Name: Phone:

Address:

E-mail:

VMC congregation you are currently a member of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor: School/Agency:

MTTF Grant Requested (check box below):

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

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

**Enrollment:** ❑ full time ❑ part time credits ❑ non-credit/continuing education ❑ seminar

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

 **Grants are normally sent directly to the educational agency; if you have already paid for the education, we will need a receipt and the entity or person to whom the funding should be sent:**

Send funds to (educational institution preferred):
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Academic Program: ❑ Seminary ❑ Undergraduate ❑ Other

Any other financial aid previously received/applied for:

Purpose and desired outcomes:

**References (one must be your 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):

Virginia Mennonite Conference

MTTF Grant

601 Parkwood Dr

Harrisonburg VA 22802

VMCgrants@virginiaconference.org

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**For office use only:**

Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Oversight Leader’s Review**

❑ I approve this application ❑ I have questions about this application

**­­­­­­­­­­­­­­­­­­­­**

**Oversight Leader's Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**