MINISTERIAL TRAINING TRUST FUND (MTTF)

Grant Application



Sent completed applications to VMCgrants@virginiaconference.org.

Date

APPLICANT INFO	RMA	TION			
Name					
Phone				E-mail	
Address					
VMC Congregation				District	
Pastor				Oversight Minister	
TRAINING INFORMATION				Amount Poquected	
School/Agency				Amount Requested	
				\$	
Student ID Academic Program					
#		Seminary Undergrad	Con	tinuing Education 🔲 Other	
Address to send Funds					
School Year	Enrollme	nt Status		Credit Status	
	☐ Full-time ☐				
Semester(s)					
☐ Fall ☐ Spring ☐ Summer ☐ Other (please describe)					
Other financial aid previously rec	eived / appli	ed for			
Vocational Goals					

Pastoral Reference						
Phone		E-mail				
Address						
Other Reference						
Phone		E-mail				
Address						
APPLICANT SIGNATURE						
Signature of Applicant		Date				
Applicant: Please submit to your Oversight N	Minister for app	roval.				
OVERSIGHT MINISTER						
Select applicable trust fund. If funds are not available through your District, other funding options will be considered.						
Send completed form to VMCgrants@virginiaconference.org.						
George R. & Margaret Brunk II (2202)		☐ Harry & Naomi Brunk (2213)				
☐ Grant & Ruth Brunk Stoltzfus (2208)		☐ M. Lloyd & Sara Weaver (2205)				
Linden M. & Esther H. Wenger (2203)		☐ Calvary District (2216)				
☐ Central District (Blosser) (2210)		☐ Eastern District (VA) (2230)				
Eastern Carolina District (2239)		☐ Harrisonburg District (2209)				
☐ Northern District (2212)		☐ Potomac District (2217)				
☐ Southern District (2211)		☐ T/C/K District (2215)				
	!					
Name (Print)	Approval					
	C Approved	Tentative Approval Not Approved				
Signature of Oversight Minister	Date					
Comments						
	I					
For office use Date Received / / Action Taken	Initials					
Signature	Date / /					

REFERENCES

Amt\$

Amt\$

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CK#

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Date

Date