

# YOUTH MINISTERIAL TRAINING TRUST FUND (MTTF)

## Grant Application



Sent completed applications to [VMCgrants@virginiaconference.org](mailto:VMCgrants@virginiaconference.org).

Date / /

### APPLICANT INFORMATION

Name: Individual or Group Leader

Phone

E-mail

Address

VMC Congregation

District

Pastor (if individual)

Oversight Minister

### TRAINING INFORMATION

Name & Location of Event/Training

Amount Requested

group total

\$

per person

Description and Purpose of Event/Training

Address to send funds

### GROUP INFORMATION

# Youth

Age range

# Adults

Dates of Event/Training

Total number of days (including travel)

### LEADER SIGNATURE

Date

/ /

## REFERENCES (For Individuals)

Pastoral Reference

Phone	E-mail
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Address

Other Reference

Phone	E-mail
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Address

## APPLICANT SIGNATURE

Signature of Applicant	Date / /
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## OVERSIGHT MINISTER

Send completed form to [VMCgrants@virginiaconference.org](mailto:VMCgrants@virginiaconference.org).

Name (Print)	Approval <input type="checkbox"/> Approved <input type="checkbox"/> Tentative Approval <input type="checkbox"/> Not Approved
Signature of Oversight Minister	Date / /

Comments

For office use	Date Received	Initials
Action Taken	/ /	
Signature	Date	/ /
Amt\$	CK#	Date / /
Amt\$	CK#	Date / /