

Keystone Conference of the United Church of Christ

APPLICATION FOR CONTINUING EDUCATION ASSISTANCE FOR GROUPS OF PASTORS OR CONFERENCE GROUPS

Name of Group or Committee _____

Date of Application Submission _____ Date of Event _____

Name of Person Submitting Application _____

Contact Information

Address _____

_____ Zip _____

Telephone _____ Email Address _____

Describe the Event or Program: _____

Brief Description of the Costs: _____

Anticipated Share of the Above Costs by the Following: *(It is the conference's expectation that the local churches/ministry settings and the authorized ministers share in the cost of continuing education as well.)*

Participants	\$ _____
Local Churches	\$ _____
Assistance Requested from Keystone	\$ _____

List previous Continuing Education Events that the Keystone Conference (or its predecessor organizations) has subsidized in the last five years: _____

Applicant's Signature _____

Return to: Keystone Conference UCC 431
PO Box 6625
Harrisburg, PA 17112

FOR OFFICE USE: Approved by: Keystone Mission Grants Team Date: _____ Amount \$ _____

Revised 03/13/2026