

Keystone Conference of the United Church of Christ

APPLICATION FOR CONTINUING EDUCATION ASSISTANCE FOR INDIVIDUAL PASTORS

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email Address _____

Continuing Education Event Planning to Attend: _____

Date(s) of the Event

Brief Description of the Program for the Above Event: _____

Application submitted for Classification: (check one)

Short Term Opportunity _____
Intermediate Term Opportunity _____
Degree Program Opportunity _____

Cost of Program:

Tuition, Room, & Board \$ _____
Travel \$ _____
Total \$ _____

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

Applicant \$ _____
Local Church/Ministry Setting \$ _____
Assistance Requested from Keystone \$ _____

List previous Continuing Education experiences that you attended and when attended:

Have you received continuing education funds previously? When?

Applicant's Signature

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

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

Revised 03/13/2026