



Application for Continuing Education Assistance for Individual Pastors/Members in Discernment

Longsdorf Fund – Designated for Mountain Valley Assn in 2026
Other Sources Available for the Other Keystone Associations

Applicant: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Which classification describes your education opportunity?

- ☐ Continuing Education, short term, up to four days duration (\$300)
☐ Continuing Education, intermediate term, up to two weeks duration (\$400)
☐ In person ☐ Online

Describe the education opportunity for which you seek assistance:

Date(s) of Event _____

Brief description of the program for this event:

Brief Summary of the Costs (Registration, Tuition, Room and Board, Travel):

Anticipated Sharing of Costs:

It is the Keystone Conference's expectation that the local churches, ministry settings, and the participating authorized ministers will share in the cost of continuing education.

Individual: \$ _____

Local Churches: \$ _____

Keystone: \$ _____

Total: \$ 0

List previous Continuing Education events that you have attended in the last two years that have been funded by the Keystone Conference or its predecessors.

Applicant's
Signature: _____

Date: _____

Awarded quarterly. Deadlines Mar 31, Jun 30, Sep 30, Dec 31. Annual limit \$1,000.

Mail to: Mission Grants, Keystone Conference UCC, PO Box 6625, Harrisburg, PA 17112 or email keystoneuccgrants@gmail.com

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