



American Baptist Churches USA Ministers Council

EXCELLENCE IN MINISTRY PROGRAM

Funding Application

Request Date: _____/_____/_____

CHAPTER INFORMATION

- a) Requesting Chapter/Executive Minister: _____
- b) President: _____
- c) Treasurer: _____
- d) Secretary: _____

I. PROPOSED BUDGET

- a) How many participant you are anticipating?___ Is event open to all ABC ministers? ___
- b) What professional service are you planning to use and their costs?
(please attach details)
- c) Other program costs and facility expenses? (please attach detailed information)
- d) Will your ABC Region share in any expenses? Yes___ No___ Unsure ___
- e) Are there other partners sharing expenses (seminaries and/or schools)? Yes___ No___
- f) Will ministers share in some of the costs (i.e., registration fee)? Yes___ No___

II. PERSON COMPLETING THIS APPLICATION

Name: _____

X Signature:_____ Date signed: __/____/____

Position/Affiliation with requesting chapter: _____

Mailing address: _____/_____/_____
(street address) (city) (state) (zip)

Cellular phone (_____) _____ Home phone (_____) _____

Email address: _____@_____

Congregation affiliation: _____