

Request for Funds for Spiritual Direction

Anyone under appointment to a church or extended ministry
may request funds for a one time award of \$225.00

Name: _____ Date _____

Certified Candidate CLM Local Pastor Deacon Elder

Appointed to: _____ District: _____

Church Mailing Address: _____

City: _____ State: _____ Zip: _____

Church Phone Number: _____

Applicant's Email: _____

Name of Spiritual Director: _____

Address of SD: _____

City: _____ State: _____ Zip: _____

This is part of my continuing education plan and wellness plan and has been
discussed with the chair of the DCOM or my District Superintendent.

Applicant's signature: _____

If you are able, please scan the filled out document and submit by email; otherwise mail it.

Please return this form to:

Rev. Lisa Talbott

lismarietalbott@gmail.com

Homer United Methodist Church

770 East End Road, Homer AK 99603

(907) 235-8528 office

For office use only:

Date received: _____ Date approved: _____

Request sent to PNW Treasurer's Office: _____ Date: _____ Entered into Excel DB: _____