



THE PRESBYTERY OF
LOS RANCHOS
P.O. BOX 910 ANAHEIM, CA 92815-0910

**STRATEGIC COORDINATING TEAM
LEADERSHIP DEVELOPMENT
AUTHORIZED EXPENSES FUNDING REQUEST APPLICATION**

Application # ___ - _____
PLR USE ONLY

Person submitting application:

Name: _____ Date of Application: _____

Email: _____ Amount Requested: \$ _____

This is a matching award. What amount have you requested and/or received from other funding sources? \$ _____

Name(s) of other funding source(s): _____

Remittance Information – If awarded, the check is to be made payable to:

Name: _____

Street or P.O Box: _____ Apt./Ste./Unit # _____

City/State/Zip: _____

Additional Information Phone: _____ (Textable? Yes No)

Email: _____ Website: _____

Minister/NWC Leader Other staff Ruling Elder Member Other _____

affiliated with (name of PLR entity): _____

Purpose - How will you use the funds?

Conference/Continuing Education/Event name _____

Date(s) _____

Briefly describe the nature of this leadership development opportunity and the estimated total cost of reimburseable expenses.*

*See PLR Expense Reimbursement Policy.

Outcome(s) - What are your goals and how will this leadership development opportunity help you accomplish them?

Describe how you plan to apply this experience/education to your future ministry/service to the Church.

PLR USE ONLY

APPLICATION PROCESSING

Date Received: _____

Sent to SCT Network Team Convener:

Name: _____

Team: _____

Date: _____

Report Date: _____

Decision: _____

Account# _____

Award Amount: \$ _____

SCT Meeting Date: _____

SCT Decision: _____

Check Request: _____

Check # _____

Date sent _____

FUNDING SOURCE

Current Year SCT Budget

Hearn Endowment

Hernandez Endowment

Joining Hearts & Hands

Peace & Global Witness

Other _____

CLASSIFICATION

Existing Congregation

NWC

Individual