



ORTEGA
CHURCH
A United Methodist Congregation

BRYANT LEADERSHIP FUND

Application Instructions

- Complete and sign the attached application.
- All applications must be typed or hand written (printed) in ink.
- Enclose all attachments to the application.
- Seal the completed application and all attachments in an envelope and mail or deliver to:

**Bryant Leadership Fund
ORTEGA UNITED METHODIST CHURCH
4807 ROOSEVELT BLVD.
JACKSONVILLE, FL 32210**

The Bryant Leadership Committee will notify you in writing as to whether you will be awarded funds from the Bryant Leadership Fund.

Bryant Leadership Fund APPLICATION

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (H): _____ (C): _____

E-MAIL: _____

APPLICANT’S STATUS:

- A. _____ Staff Ministry
 _____ Pastoral Ministry
 _____ Laity
 _____ Other. Please Describe

- B. Are you a member of a church within the North East District of The Florida United Methodist Church or of Ocala United Methodist Church?
 _____ Yes _____ No If yes, what church? _____
Please provide confirmation of membership.

CHRISTIAN LEADERSHIP COMMITMENT

1. What is your current position in your church? Briefly describe your role.
- _____
- _____
- _____
2. Describe your leadership involvement in any of the above activities past, present and future.

PAST LEADERSHIP:

PRESENT LEADERSHIP:

FUTURE LEADERSHIP:

3. What are your plans when you complete your advanced course-work, training and continuing education?
- _____
- _____
- _____
- _____

PROGRAM DESCRIPTION

1. Name of course or program. _____

2. Date and duration of course or program: _____

3. Cost: Total cost of course or program and amount requested if not full amount.

4. Description: _____

SPONSORSHIP

Please attach a letter of recommendation from your sponsor. A sponsor shall be the active Sr. Pastor of the church where the applicant serves. If the applicant is a Pastor then the sponsor shall be his/her District Superintendent or a written recommendation from the Church Council Chair or the Staff Parrish Relations Committee Chair (SPRC) of the church where he/she is serving.

SPONSOR for LAITY or STAFF

Senior Pastor

Name: _____ Phone: _____

Address: _____

Email: _____

SPONSOR for SENIOR PASTOR

District Superintendent, Council Chair or SPRC Chair

Name: _____ Phone: _____

Address: _____

Email: _____

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