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**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 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

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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.

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2.     Describe your leadership involvement in any of the above activities past, present and future.

**PAST LEADERSHIP:**

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**PRESENT LEADERSHIP:**

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**FUTURE LEADERSHIP:**

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

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**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: \_\_\_\_\_

