MINISTERIAL SALARY SUPPORT APPLICATION

Christian Church (Disciples of Christ) in Indiana

A.	Congre	Congregation:						
	Address:							
	Pastor's Name:		Date:					
	 2. 3. 	 (i.e., Men's Ministries, Disciples Women, youth, study, etc.) Indicate the number of your present members who attend worship, church school, and relational group activities on a weekly basis. 						
			20		20			
		Basic Salary Housing Allowance (if applicable) Utilities Subtotal			- - - -			
		Expenses Auto Convention Books Continuing Education			- - -			
		Benefits Pension Fund Health Care Insurance Other Total Package			- - -			
	4.	Please submit a budget for the last 2 years and	any projected bud	get that	might be appropriate.			
В.	Briefly share your response to the following questions:							
	1.	How is the congregation engaged in ministry in the community and beyond?						
	2.	What is the process for annual planning and goal-setting used by the congregation?						
	3.	How does the congregation implement its goals and evangelism?						

	4.	How effective have previous prog	grams been?				
	5.	How does the congregation underwrite its budget? a. Stewardship programming done in the last 2 years?					
		b. What type?					
		c. Amount of funds received:	Year 1 Year 2				
C.	Share	with the Commission the events o	r needs which precipitate	ed this request:			
	What	is the amount you are requesting?	Total:	\$			
		is the length of this request? imum of 36 months)	Months:				
or one	e of the	Regional Team Ministers between	two to three months pri	sultation with the Regional Minister or to the granting of the request.			
Congr	regation	1	Board Chairperson				
Address			Address				
Telep	hone		Telephone				
E-mai			E-mail				
Regio	nal (Tea	am) Minister					
Date (of Cons	ultation					

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