

Colleague Covenant Group Grant Application

The Life and Mission Agency
The Presbyterian Church in Canada

Applicant Information

PERSONAL	
Name:	
Title:	<input type="checkbox"/> Rev. <input type="checkbox"/> Rev. Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address:	
Phone:	
Email:	
PCC MINISTRY POSITION	
Church Employer:	
Position Title:	
Presbytery:	
Are you a member of presbytery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please indicate which apply: <input type="checkbox"/> Minister of Word and Sacraments <input type="checkbox"/> Diaconal Minister <input type="checkbox"/> Representative Elder

Group Information

GROUP NAME: (if applicable)

GROUP MEMBER	
Name:	
Title:	<input type="checkbox"/> Rev. <input type="checkbox"/> Rev. Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address:	

Phone:	
Email:	
MINISTRY POSITION	
PCC ministry positions only	
Church Employer:	
Position Title:	
Presbytery:	
Are you a member of presbytery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please indicate which apply: <input type="checkbox"/> Minister of Word and Sacraments <input type="checkbox"/> Diaconal Minister <input type="checkbox"/> Representative Elder

GROUP MEMBER	
Name:	
Title:	<input type="checkbox"/> Rev. <input type="checkbox"/> Rev. Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address:	
Phone:	
Email:	
MINISTRY POSITION	
PCC ministry positions only	
Church Employer:	
Position Title:	
Presbytery:	
Are you a member of presbytery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please indicate which apply: <input type="checkbox"/> Minister of Word and Sacraments <input type="checkbox"/> Diaconal Minister <input type="checkbox"/> Representative Elder

GROUP MEMBER	
Name:	
Title:	<input type="checkbox"/> Rev. <input type="checkbox"/> Rev. Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address:	
Phone:	
Email:	
MINISTRY POSITION	
PCC ministry positions only	
Church Employer:	
Position Title:	
Presbytery:	
Are you a member of presbytery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please indicate which apply: <input type="checkbox"/> Minister of Word and Sacraments <input type="checkbox"/> Diaconal Minister <input type="checkbox"/> Representative Elder

GROUP MEMBER	
Name:	
Title:	<input type="checkbox"/> Rev. <input type="checkbox"/> Rev. Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address:	
Phone:	
Email:	
MINISTRY POSITION	
PCC ministry positions only	
Church Employer:	
Position Title:	
Presbytery:	
Are you a member of presbytery?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	If yes, please indicate which apply: <input type="checkbox"/> Minister of Word and Sacraments <input type="checkbox"/> Diaconal Minister <input type="checkbox"/> Representative Elder
--	---

GROUP MEMBER	
Name:	
Title:	<input type="checkbox"/> Rev. <input type="checkbox"/> Rev. Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address:	
Phone:	
Email:	
MINISTRY POSITION	
PCC ministry positions only	
Church Employer:	
Position Title:	
Presbytery:	
Are you a member of presbytery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please indicate which apply: <input type="checkbox"/> Minister of Word and Sacraments <input type="checkbox"/> Diaconal Minister <input type="checkbox"/> Representative Elder

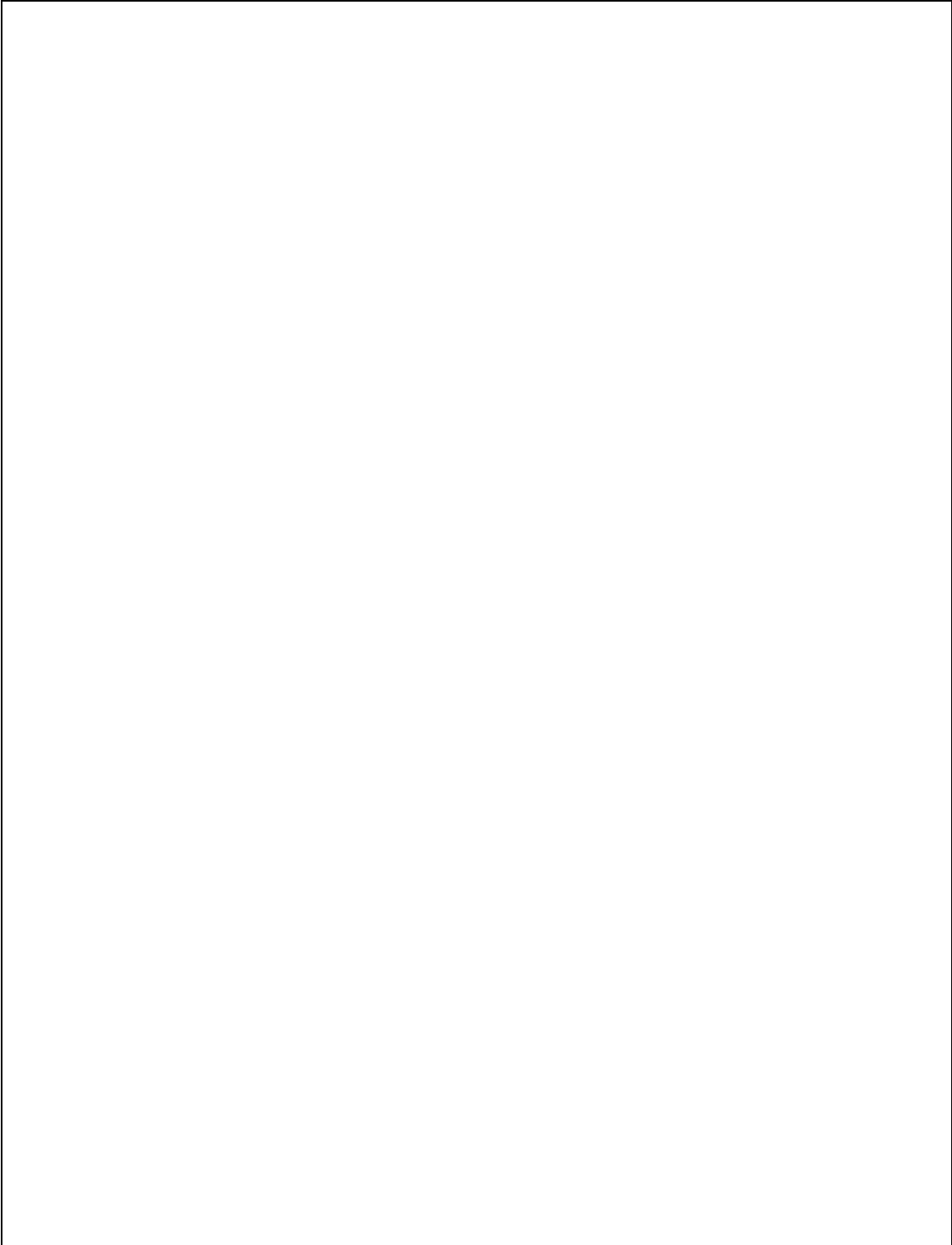
GROUP MEMBER	
Name:	
Title:	<input type="checkbox"/> Rev. <input type="checkbox"/> Rev. Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address:	
Phone:	
Email:	
MINISTRY POSITION	
PCC ministry positions only	

Church Employer:	
Position Title:	
Presbytery:	
Are you a member of presbytery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please indicate which apply: <input type="checkbox"/> Minister of Word and Sacraments <input type="checkbox"/> Diaconal Minister <input type="checkbox"/> Representative Elder

GROUP MEMBER	
Name:	
Title:	<input type="checkbox"/> Rev. <input type="checkbox"/> Rev. Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Address:	
Phone:	
Email:	
MINISTRY POSITION	
PCC ministry positions only	
Church Employer:	
Position Title:	
Presbytery:	
Are you a member of presbytery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please indicate which apply: <input type="checkbox"/> Minister of Word and Sacraments <input type="checkbox"/> Diaconal Minister <input type="checkbox"/> Representative Elder

Focus

Please describe the subject and format of the group's gatherings. Include the date when the group will begin meeting.

A large, empty rectangular box with a thin black border, intended for the user to provide details about the group's focus, subject, format, and meeting date.

Proposed Use for Funds

Amount of money requested:	
Date when funds are required:	
Plans for use of funds: (e.g. study materials, honourarium for facilitator, fee for group meeting space, and travel costs not covered by church employer)	

Covenant

Please append the colleague group covenant, developed and signed by all the members. To assist you in creating this document, a sample covenant is found on the next page.

Sustainability Plan

Please append a description of how your group will move towards self-funding once the incentive grant has been used.

Presbytery Approval of Grant Application

Presbytery:	
Date of Presbytery Approval:	
Signature of Clerk of Presbytery:	

Applicant Signature

Signature:	
Date:	

A Sample Covenant

The six persons named below will meet the first Tuesday of the month at Presbyterian Church Anywhere from 9:00 – 11:00 am, beginning the first Tuesday of January 2009. We will begin with discussing the book *Leading Congregational Change*, and will decide once we are finished what book we will study next. We agree to set goals from the book for our ministry and to hold each other accountable to those goals. We will use the grant funds to purchase copies of this and subsequent books we choose to study together.

We agree to make this meeting a priority in our schedules and to be faithful in attendance unless unavoidably prevented from being at a meeting. We agree to arrive on time and to stay until the end. We agree to hold each other in prayer daily. We agree never to violate the confidentiality of the group by telling outside of the meeting any personal information shared in that context. We will take turns facilitating our meetings, seeking to ensure that everyone has the opportunity to participate appropriately. We will review this covenant when we finish with *Leading Congregational Change* or in three months, whichever comes first.