

Council on Clergy Development
Board of Ordained Ministry
California-Nevada Annual Conference of The United Methodist Church
Application for Supportive Services Grant

Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

My Health Plan does not cover Outpatient Counseling Services, making me eligible for these funds.

I am requesting Ministerial Education Funds for ____ counseling sessions totaling \$ _____. I understand I will be reimbursed half this amount and that the check will be sent to me directly for disposition. I have included a copy of the invoice.

Signed _____

Mail or fax to:
Rev. Don Lee
Sierra Pines UMC
22559 W. Hacienda Dr.
Grass Valley, CA 95949
Phone: 530.913.8646
Fax: 530.268.4788
revdonlee@gmail.com

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