

Empowering Congregations Grant Application

This application form is for a congregation within the Southern Ohio and Kentucky District of the Church of the Brethren who seek financial support for enhancing their capacity for mission.

Name of Congregation: _____ **Date:** _____

Address: _____

Contact Phone Number: _____ **Email Address:** _____

Name/Role of Person Completing Application: _____

Explanation: Please explain your congregational vision for enhanced capacity for mission and how the proposed grant will be used to support that vision.