

# Sabbatical Grant Application

Date:

Church Applicant:

Church Street Address:

Church City, State, Zip:

Contact Phone:

Contact Email:

Name of Minister:

Name of Presbytery:

Has your minister ever taken a sabbatical before? Yes      No

If yes, please give approximate dates and length of time:

Has the session consulted the CMC Guidelines for Sabbaticals? Yes      No

To complete consideration for the grant, please attach the plans for the sabbatical including the following components:

1. Expected Dates of Sabbatical
2. Sabbatical Purpose
3. Sabbatical Description
4. Benefits expected to be gained from the experience
5. Estimated Sabbatical Cost, Budget, and Funding Sources
6. Grant Amount Requested (\$1000 minimum)

The CMC is looking for ways to continue improving resources for sabbaticals. Will the session agree to provide in conjunction with the minister a post-sabbatical summary report to the CMC?

Yes      No

Signature of Clerk of Session: \_\_\_\_\_

Date: \_\_\_\_\_

Please email completed application to [katie.stumpff@opc.org](mailto:katie.stumpff@opc.org) or mail to CMC's attention at the mailing the address listed below.



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