

Retreat Grant Application

Date: _____

Pastor's Name: _____

Contact Phone: _____

Contact Email: _____

1. Who will attend the Retreat (please circle): Minister Wife

2. Planned Dates for the Retreat: _____

3. Retreat Location or Event: _____

4. Please estimate what your expenses might be:

a. Location Reservation & Fees:	\$
b. Travel Costs: ¹	\$
c. Food	\$
d. Other	\$
i.	\$
ii.	\$
iii.	\$
e. Total Requested: ²	\$

¹ If using your own vehicle, the federal mileage rate is \$.56/mile

² Ordinarily the cap for total requested for individual ministers is \$750, & for ministers with their wives is \$1250

5. CMC is looking for ways to continue improving resources for retreats. Would you be willing to provide a post-retreat summary to CMC?

(please circle): Yes No

Signature: _____

Date: _____

Please email completed application to ministerialcare@opc.org. If you have any questions, please contact John Fikkert at (641) 651-0346 or john.fikkert@opc.org.



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