

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 sharon.jeromin@opc.org or mail to CMC's attention at the mailing the address listed below. If you would like to fill out an electronic copy of our application, please visit our website <https://opcCMC.org> and scroll on the main page to "Explore Popular CMC Tools" to find the link for sabbaticals.



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