

Application for Assistance
The David E. & Helen C. Culley Memorial Fund

NAME _____ PHONE _____

ADDRESS _____ PRESBYTERY _____

CHURCH _____ E-MAIL _____

STATUS: Clergy Commissioned Ruling Elder Certified Christian Educator

NATURE OF THE PROGRAM _____

SPONSORING AGENCY _____

BEGINNING DATE _____ COMPLETION DATE _____

- Application should be received two months before beginning date of program.
- One copy should be sent to the appropriate Presbytery Committee immediately.
- One copy should be sent to the Secretary of the Culley Fund immediately.
- One copy should be kept for your personal records.

WOULD YOU PLEASE SUPPLY THE FOLLOWING INFORMATION:

COST:	Tuition _____	RESOURCES:	Your Own _____
	Room/Board _____		From Your Church _____
	Transportation _____		Other _____
	Books _____		_____
	Other _____		_____
	TOTAL _____		TOTAL _____

Amount requested from the Culley Fund _____

Signed _____ Date _____

PRESBYTERY APPROVAL OF EDUCATION PROGRAM

The _____ Committee of the Presbytery of _____

has ___ has not ___ approved the educational program of _____
(Name)

of _____ . Date _____
(church or agency)

Stated Clerk and/or Appropriate Committee Chair

Please return Presbytery Approval to: Elder Steven Weissner, Secretary 2022
421 Timberlake Trail
Fort Wayne, IN 46804
(260) 348-5347
stevevwew@gmail.com