

Office of Clergy Excellence Ministerial Education Fund Application
Course of Study/Advance Course of Study Reimbursement

INSTRUCTIONS

Ministerial Education Funds (MEF) are available at a rate of up to \$300 per Course of Study course and up to \$400 per Advance Course of Study course. for certified candidates. These funds are reimbursed to the certified candidate/local pastor and once receipts are received by OCE. You must receive a “C” or better to be eligible for MEF funds. If you do not receive a “C” or better, you will not be eligible to receive funds to repeat the same course.

To receive a reimbursement, follow the instructions below:

1. Ensure that you are a certified candidate
2. Complete the reimbursement form found on page 2 and sign the form
3. Submit the following documents to Holly Finley in the Office of Clergy Excellence – hfinley@flumc.org
 - a. Application for MEF COS reimbursement
 - b. Receipts from registration and course fees
 - c. If your registration is less than \$300 per course then you may submit receipts for related expenses such as books, housing, travel, and food up to total of \$300 per course.

Note that food receipts need to be itemized and alcohol is not reimbursable

The maximum reimbursement is \$300 per course.

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PERSONAL HISTORY

(First Name) (Middle Name) (Last Name)
Phone Number _____ Email _____
Current Address _____

Ethnicity _____ Age _____ Sex _____

EDUCATION HISTORY

Are you a full-time student? Yes No
Working toward _____ degree

MINISTERIAL RELATION

Have you been certified as a candidate for the ministry? Yes No District _____
Date Certified _____ Date last recertified _____
Are you a Local Pastor? Yes No
Date granted LP _____ Most recent LP renewal date _____
Current District _____
Have you attended Licensing School? Yes No
Date and location, you attended licensing school _____

EXPENSES ASSOCIATED WITH COS

| | |
|--------------|----------|
| Registration | \$ _____ |
| Course Fee | \$ _____ |
| Travel | \$ _____ |
| Lodging | \$ _____ |
| Food | \$ _____ |
| TOTAL | \$ _____ |

COURSES

List the courses you are registered to take

| Course number, name | Location |
|---------------------|----------|
| | |
| | |
| | |
| | |

Signature _____ Date _____

Send this completed and signed form with a copy of your receipts to Holly Finley in the Office of Clergy Excellence at hfinley@flumc.org. You may expect payment within 30 days of OCE receiving your request.