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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Registration</td>
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<tr>
<td>Course Fee</td>
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<tr>
<td>Travel</td>
<td></td>
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<tr>
<td>Lodging</td>
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<tr>
<td>Food</td>
<td></td>
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<tr>
<td>TOTAL</td>
<td></td>
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</tbody>
</table>

COURSES
List the courses you are registered to take

<table>
<thead>
<tr>
<th>Course number, name</th>
<th>Location</th>
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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.