

**CONTINUING EDUCATION
FUNDING REQUEST FORM**
Dakotas Conference Board of Ordained Ministry
2016-2020 Quadrennium

1. **NAME** _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

PHONE _____

CONFERENCE RELATIONSHIP _____

2. **NAME OF PROGRAM OR EVENT** _____

(Please include copy of descriptive brochure.)

PLACE OF PROGRAM OR EVENT _____

DATES _____

3. **COSTS**

Tuition _____ Lodging _____ Other _____

Meals _____ Books _____

4. **FUNDING**

BOM FUNDS REQUESTED _____

(Please send receipts to Conference Finance Office after event.)

Personal Contribution _____ Parish Contribution _____

Total _____

5. **NUMBER OF CEU/CSU's EARNED FROM THIS EVENT** _____

Please send completed form **via email** to two places:

1. Leadership Development: leadershipdevelopment@dakotasumc.org
 - a. For paper copies: Dakotas Conference Office, PO Box 460, Mitchell SD 57301
2. BOM Continuing Education Chair: Marilyn Spurrell: pastormarilyn@watertownfirstumc.com