**Application for PW Individual Leadership Development Grant**

**for the 64th session of the Commission on the Status of Women (CSW)**

**March 9–20, 2020**

Funded by Presbyterian Women’s Leadership Development Grant Program, reimbursable grants are available for young women (ages 18–30) in the Presbyterian Church (U.S.A.) whowant to participate in the 64th session of the Commission on the Status of Women (CSW) for personal leadership development. An approved grant—in the maximum amount of $1,000—is payable after receipt in the PW national office of receipts for approved, related and incurred expenses for attending CSW.

If you have received a leadership development grant within the last three (3) years, you are not eligible to apply for a grant at this time.

Grants are awarded in accordance with the PW Purpose:

Forgiven and freed by God in Jesus Christ,

and empowered by the Holy Spirit,

we commit ourselves

* to nurture our faith through prayer and Bible study,
* to support the mission of the church worldwide,
* to work for justice and peace, and
* to build an inclusive, caring community of women that strengthens the Presbyterian Church (U.S.A.) and witnesses to the promise of God’s kingdom.

Please type or print information on this application and return by **mail** to:

Presbyterian Women

ATTN: CWG LDG Grants

100 Witherspoon Street

Louisville, KY 40202-1396

OR

Email to [rhonda.martin@pcusa.org](mailto:rhonda.martin@pcusa.org)

This application must be received on or before **December 31, 2019** for consideration.

Is this your first PW grant? Yes No If no, amount prev. received $\_\_\_\_\_\_\_\_\_ Date received \_\_\_\_\_

Grant/scholarship program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For what were funds used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *Street address Apartment number P.O. Box #*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *City State Zip Country*

Email address

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an active member of the Presbyterian Church (U.S.A.)? Yes No

Congregation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Presbytery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Synod \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Signature of applicant Witness

Are you currently serving as a PW leader? Please check all that apply:

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Church: Yes No Presbytery: Yes No Synod: Yes No Churchwide: Yes No

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Please describe your role/s and dates of service.

Please attach three (3) letters of endorsement, complete with sender’s contact information: i.e., name, mailing address, e-mail address and telephone number.

**Budget cost of attending 64th CSW**

Registration $ \_\_\_\_\_\_\_ Travel $\_\_\_\_\_\_\_ Housing $\_\_\_\_\_\_\_ Meals $\_\_\_\_\_\_ TOTAL: $\_\_\_\_\_\_

What other sources of funding have you pursued and/or received?

Source Date Requested Amount Requested Amount Received

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this the first Commission on the Status of Women that you have attended? Yes No

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Why do you want to attend this event? Be specific and feel free to use back side of this form.

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What will you do with the training you receive at this event and how will you share your experience with PW and/or other groups in your area? Please describe the specifics of your plan. If needed, use the back of this form.

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**NOTE: If your application is approved, the reimbursement forms will be emailed to you. All receipts and reimbursement requests must be received on or before April 20, 2020.**

Date application approved by committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Attach copy of sent email showing all recipients.

Amount approved for reimbursement: \_\_\_\_\_\_\_\_\_\_ (Maximum $1,000 or amount approved on application)

**FOR OFFICE USE ONLY**

Date application received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant # assigned: 64th CSW \_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application forwarded to committee for review (date): \_\_\_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Attach copy of sent email showing all recipients.