



Name of Network: _____ Date of application: ___/___/___

Is this a new Network? *Circle one:* Yes No Expected Date of re-application: ___/___/___

Mission Statement of Network: *Must be 50 words or less* **No more than 12 months from the date of application*

Name of the primary person applying: _____

**This person will serve as the primary contact with the Leadership Team Liaison*

Phone number: (_____)_____-_____

Email address: _____

What is the best way for us to get in touch with you? _____

Congregation of membership: _____ City: _____

Church's phone number: (_____)_____-_____

Name of the second person applying: _____

**Each individual must be a member of a different congregation*

Phone number: (_____)_____-_____

Email address: _____

Congregation of membership: _____ City: _____

Church's phone number: (_____)_____-_____

Name of the third person applying: _____

**Each individual must be a member of a different congregation*

Phone number: (_____)_____-_____

Email address: _____

Congregation of membership: _____ City: _____

Church's phone number: (_____)_____-_____

**Please attach a letter of support from the session of at least 1 of the congregations listed above*



What is the ministry of this network?

What will this network do?

Who is the primary audience for this network?

How will you communicate what this network is doing with the rest of the Presbytery?

What are the financial needs & plan for this network?

What are your plans to raise funds & support for this network?

**Requests for Presbytery Network Grants must be submitted in writing to the Leadership Team by either April 1 or October 1; and then funds are awarded as available for a 12 month cycle beginning either July 1 or January 1.*