

NORTH CAROLINA ANNUAL CONFERENCE
HISPANIC/LATINO MINISTRY GRANTS
FOR PILGRIMAGE

A. Title of program/project: **Pilgrimage**

B. Name of group applying: _____

C. Name of group leader: _____

D. Contact Information:

1. Church Name: _____

2. Mailing Address: _____

3. Telephone: _____

4. Email: _____

E. Number of Hispanic Youth attending Pilgrimage: _____

F. Names of Youth:

Program/Project Information
(Answers may be submitted on a separate sheet)

1. Please provide a statement of need.
2. How will participation in Pilgrimage strengthen youth ministry among/within the Hispanic/Latino community in your setting?
3. What are the specific goals that you expect to reach?
4. Provide a detailed budget/financial information for how the money would be spent. For example, please consider registration fees, hotel costs, meals, and transportation. Our goal is to provide \$100/youth attending Pilgrimage as well as \$100/adult chaperone (up to two chaperones per group). Please explain where additional funding to cover expenses will come from.
5. Complete and include the cover page and the signature page.

Signature Page

A. Group Leader

Name _____ Title _____
Street _____ City _____
State _____ Zip _____ Phone _____
Signature _____
Date _____

B. Pastor

Name _____ Title _____
Street _____ City _____
State _____ Zip _____ Phone _____
Signature _____
Date _____

C. Administrative Board/Council Chair

Name _____ Title _____
Street _____ City _____
State _____ Zip _____ Phone _____
Signature _____ Date _____

Please return completed original form to:

Hispanic-Latino Ministry Pilgrimage Grants
Rhonda Grant Jordan
700 Waterfield Ridge Place
Garner, NC 27529

Questions: Call 984.257.7163
or email peacebuilding@nccumc.org

For Office Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Rationale _____	
Amount Approved \$ _____	Disbursement Schedule \$ _____ Date _____
Comments _____	
_____	_____
Date Approved	Authorized Signature