



**Western  
District  
Conference**

An area conference of  
Mennonite Church USA

2517 North Main  
PO Box 306  
North Newton, KS 67117  
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Web: [www.mennowdc.org](http://www.mennowdc.org)

**INTERIM PASTOR/SABBATICAL FUND FOR CONGREGATIONS**

**A.** Name of congregation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone (    ) \_\_\_\_\_

Church e-mail \_\_\_\_\_

**B.** Contact person regarding grant: \_\_\_\_\_

Telephone  
(daytime) (    ) \_\_\_\_\_ (evening) (    ) \_\_\_\_\_ (cell) (    ) \_\_\_\_\_

e-mail \_\_\_\_\_

**C.** Church Membership (previous year \_\_\_\_\_): \_\_\_\_\_; (present year) \_\_\_\_\_

Worship attendance (previous year \_\_\_\_\_): \_\_\_\_\_; (present year) \_\_\_\_\_

**D.** Name of pastor(s) going on sabbatical: \_\_\_\_\_

Brief description of sabbatical plan: (or attach complete proposal)

Dates of sabbatical: \_\_\_\_\_

E. Interim pastor: \_\_\_\_\_

F. Fund Request: (If **worship attendance** is 100 or less or if **membership** is 50 or less, can request **75% of interim pastor costs** up to \$2500. Costs may include salary, benefits, housing, utilities, transportation, MC USA or WDC conference registration, lodging, meal, transportation fees. The grant assumes the congregation continues salary and benefits for current pastor while on sabbatical.)

Total cost of interim pastor: (please list)

Total: \$ \_\_\_\_\_

**Total amount of request from WDC Interim Pastor Fund (75% of total cost of interim pastor up to \$2500):**

**TOTAL \$ \_\_\_\_\_**

G. Date: \_\_\_\_\_

(Send this application to Conference Minister, Box 306, North Newton, KS 67117;  
e-mail to [wdc@mennowdc.org](mailto:wdc@mennowdc.org))

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(for office use)

Date: \_\_\_\_\_ Eligible? Yes \_\_\_\_\_ No \_\_\_\_\_ Check # \_\_\_\_\_

Approved \_\_\_\_\_ Amount \_\_\_\_\_