



College of Pastoral Leaders

Church Name _____

Section One Description of Church:

Mission Statement:

Year Founded:

Primary Language Spoken:

Number of Paid Staff:

Denomination/Affiliations:

Description of Congregants:

Description of leadership team:

Name _____
email _____
phone _____

Describe your role and how long you have been in leadership in the church: _____

Name _____
email _____
phone _____

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phone _____

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Primary Contact:



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Section Two

What need do you want to meet with this grant (250-word limit)?



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How will you use the grant to meet your need?

Narrative Description (500-word limit):



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Narrative Description (continued):

Resources you will use (books, speakers, videos, etc.) (limit to visible space):



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Timeline of Actions (limit to visible space):



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Section Four

What do you hope will happen as a result of what you do?

Response (250-word limit):

**This is the end of the CPL Application.
When you are finished, please email this application to
ebw@austinseminary.edu.**