

CAMPUS MINISTRY PROGRAM YEAR GRANT FORM

Diocese of Southern Ohio

Name of person submitting the grant request:

Telephone:

E-mail:

Mailing address:

Website:

Name of parish, campus ministry, or extra-parish organization that will receive the grant:

Have you received grant money from the Diocese of Southern Ohio in the past? Yes No

If yes, please list the initiatives that the money was used for. Talk about which initiatives worked and which didn't. Tell why they worked and why they didn't.

Please describe how your ministry engages with each of the following Hallmarks of Health, *or* how you hope to use this grant to foster that engagement.

A clear sense of identity (Possesses a clear and animated sense of Christian identity with an expectation that every member of that community is able to articulate in his or her own words the gospel story, why it matter, and why it matters here.)

If applicable, how will you allocate money received from this grant in an effort to meet this hallmark?

<i>Budget Line Item:</i>	<i>Amount Allocated:</i>

Radical hospitality (Deliberately invites, welcomes, receives and cares for those who are strangers.)

If applicable, how will you allocate money received from this grant in an effort to meet this hallmark?

<i>Budget Line Item:</i>	<i>Amount Allocated:</i>

Inspiring worship (Offers inspiring worship that glorifies God and leads to participation in the mysteries of Christ and his ministry of reconciliation.)

If applicable, how will you allocate money received from this grant in an effort to meet this hallmark?

<i>Budget Line Item:</i>	<i>Amount Allocated:</i>

Intentional faith development and formation for discipleship (Develops rich opportunities for people to learn and reflect in community at all stages.)

If applicable, how will you allocate money received from this grant in an effort to meet this hallmark?

<i>Budget Line Item:</i>	<i>Amount Allocated:</i>

Adventuresome, risk-taking mission and service (Identifies and opportunities and equips its members to advance the healing, wholeness and justice of God’s reign, regardless of whether those who are served become part of the faith community.)

If applicable, how will you allocate money received from this grant in an effort to meet this hallmark?

<i>Budget Line Item:</i>	<i>Amount Allocated:</i>

Extravagant generosity (Offers ministries that address our spiritual need to give in ways that go beyond expectations.)

If applicable, how will you allocate money received from this grant in an effort to meet this hallmark?

<i>Budget Line Item:</i>	<i>Amount Allocated:</i>

Accountability and collaboration (Practices and nurtures collaboration and accountability within the community, the diocese and the wider church.)

If applicable, how will you allocate money received from this grant in an effort to meet this hallmark?

<i>Budget Line Item:</i>	<i>Amount Allocated:</i>

Please summarize your grant request by using this table (or submit a budget using your preferred format:

Amount of Grant Request:	\$
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Itemization of Expenses

<i>Program of Activity</i>	<i>Amount</i>
Total:	

In addition to the program budget given above, please submit an operating budget for your parish or extra-parish community.

Before you send in your grant, please check the box below and sign the grant request:

I understand that by submitting this grant I and the ministry that I am affiliated with are agreeing to become part of the community of campus ministries in the Diocese of Southern Ohio. I or a representative of that ministry will be present at one or more meetings of the community of campus ministries in the course of the coming academic year.

Signature

Date

GRANT REQUESTS ARE DUE ON OR BEFORE JUNE 15th

Please send completed grants to:

The Reverend Karl Stevens
c/o Saint Stephen's Episcopal Church
30 W. Woodruff Avenue
Columbus, OH 43210

or, preferably, by e-mail to

campusministry@diosohio.org