# A logo for a company  Description automatically generatedSCBA Sabbatical and CMD Grants

Please complete the form as fully as possible and send it with a heading of ‘SCBA Grant’ to office.administrator@scba.org.uk

We need a month’s notice to consider an application at a committee.

|  |  |
| --- | --- |
| Your Name: |  |
| What Church are you part of the leadership team at?What is your role? |  |
| Contact details –EmailPhone |  |
| Is this application supported by your Regional Minister? |  |
| Name of Regional Minister |  |
| Amount Applying For? |  |

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| --- |
| In no more than 500 words can you tell us how this funding will enhance your study?  |
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| --- |
| In what ways does this link with the purposes of the SCBA? |
|  |

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| --- |
| Is there anything about your study/sabbatical which is distinctively Baptist?  |
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| --- |
| What other funding are you receiving? |
|  |
| What will happen if you don’t receive funding? |
|  |

|  |  |
| --- | --- |
| Name |  |
| Signature: |  |
| Date: |  |

## Appendix 1: Mission Focus Grant

Please complete the form as fully as possible and send it with a heading of ‘SCBA Grant’ to office.administrator@scba.org.uk

We need a month’s notice to consider an application at a committee.

|  |  |
| --- | --- |
| Name of Church |  |
| Address of Church |  |
| Website |  |
| Name of Minister or Missional Lead: |  |
| Contact details –EmailPhone |  |
| Sponsoring Church or Partners (If applicable) |  |
| How much are you applying for? |  |

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| In no more than 500 words can you tell us what is the objective of the mission/ ministry?  |
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| In what ways does your church / missional project link with the purposes of the SCBA? |
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| Is there anything in the church/missional project which is distinctively Baptist?  |
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| What do you perceive to be the main outcome of the mission / work of the church? How will the grant enhance this? |
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| What other funding are you receiving from other partners/grants? |
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| What will happen if you don’t receive funding? |
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| --- | --- |
| Name |  |
| Signature: |  |
| Date: |  |

## Appendix 2: Sabbatical and CMD Grants

Please complete the form as fully as possible and send it with a heading of ‘SCBA Grant’ to office.administrator@scba.org.uk

We need a month’s notice to consider an application at a committee.

|  |  |
| --- | --- |
| Your Name: |  |
| What Church are you part of the leadership team at?What is your role? |  |
| Contact details –EmailPhone |  |
| Is this application supported by your Regional Minister? |  |
| Name of Regional Minister |  |
| Amount Applying For? |  |

|  |
| --- |
| In no more than 500 words can you tell us how this funding will enhance your study?  |
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|  |
| --- |
| In what ways does this link with the purposes of the SCBA? |
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| --- |
| Is there anything about your study/sabbatical which is distinctively Baptist?  |
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| --- |
| What other funding are you receiving? |
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| --- |
| What will happen if you don’t receive funding? |
|  |

|  |  |
| --- | --- |
| Name |  |
| Signature: |  |
| Date: |  |

## Appendix 3: Support Grant

Please complete the form as fully as possible and send it with a heading of ‘SCBA Grant’ to office.administrator@scba.org.uk

We need a month’s notice to consider an application at a committee.

|  |  |
| --- | --- |
| Your Name: |  |
| Church you are a member of or where you attend? |  |
| Contact details –EmailPhone |  |
| Is this application supported by your Minister/Church Leader |  |
| Name of Minister/Church Leader |  |
| Amount Applying For? |  |

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| --- |
| In no more than 500 words can you tell us how this funding will support you in your trip for Christian Service?  |
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| --- |
| In what ways does this link with the purposes of the SCBA? |
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| --- |
| What other funding are you receiving? |
|  |

|  |
| --- |
| What will happen if you don’t receive funding? |
|  |

|  |  |
| --- | --- |
| Name |  |
| Signature: |  |
| Date: |  |

## Appendix 4: Confidential Fund

Please complete the form as fully as possible and send it with a heading of ‘Confidential Fund’ to teamleaders@scba.org.uk

|  |  |
| --- | --- |
| Name of person receiving support? |  |
| Name of Church where they are ministering /leading? |  |
| Contact details –EmailPhone |  |
| Is this a self-referral? |  |
| Name of person referring? |  |
| Amount Applying For? |  |

|  |
| --- |
| In no more than 500 words can you tell us how this funding will support you or the church minister/leader you are applying for? |
|  |

|  |  |
| --- | --- |
| Name |  |
| Signature: |  |
| Date: |  |