

THRIVING  
IN MINISTRY



www.northpark.edu/thriving

**Thriving as Women in Ministry – Mentoring Cohort Application**  
*(For Cohorts)*

**Part I: Applicant Information (Each cohort member should complete Part I)**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street number and name

\_\_\_\_\_

City and State

\_\_\_\_\_

Zip code

Phone: \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Email address: \_\_\_\_\_

Ministry context (select one):    church    nonprofit organization    parachurch    other

Church/organization you're currently serving: \_\_\_\_\_

Dates of service (must be actively serving): \_\_\_\_\_

ECC Credential:    ML    BVL    OWSe    OWSa

Date credentials received: \_\_\_\_\_

How did you hear about this grant?    Word of mouth    Social media    Website    Other  
(Select one)

*Demographic Information: Because this program is being funded by a grant, we would like to collect further information that can be used in reports or for further research. Responses to the following questions are optional, but responses will assist us in our reporting process. Thank you for your help!*

Marital status:    Single/never married    Married    Divorced    Widowed

Age:    18-24    25-34    35-44    45-54    55-64    65-74    75-84    85 or older

Race/ethnicity: \_\_\_\_\_

Number of years in ministry: \_\_\_\_\_

ECC Conference/ECCC location: \_\_\_\_\_

**Part II: Tell us about your proposal.**

**COHORT INFORMATION**

**Cohorts may be formed based on location, interest, or affinity groups (i.e. women of color, single women, women with children, etc.). Please describe the type of cohort this will be.**

**Briefly describe the purpose and objectives of this cohort. How will it enable women to thrive vocationally?**

**Briefly describe the schedule and content of the cohort's quarterly gatherings.**

**If cohort members have been identified, please list the name of each one below, including the mentor. In addition, each member should complete Part I of this application.**

**Does your cohort need to have a mentor assigned? \_\_\_ Yes \_\_\_ No**

**BUDGET INFORMATION**

Funding amount requested: \$\_\_\_\_\_

Estimated total cost: \$\_\_\_\_\_

*Please include a detailed budget on a separate sheet.*

*Please email this form and any requested supporting documents to [thriving@northpark.edu](mailto:thriving@northpark.edu).  
Applications are accepted July 15<sup>th</sup>-August 15<sup>th</sup>.*



**NORTH PARK**  
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