

Thriving Vocationally Cohort Mentor Application (For Cohorts)

Part I: Mentor Information

Full Name:					
Address:	Street number and name				
	City and State	*	Cou	•	(cell)
Email address:					
•	t (select one): churc	organizati		Globally	
Dates of service	e (must be actively serv	ing):			
ECC Credential	: ML BVL	OWSe O		sionary	Serve Globally License
Date credentials	received:				
How did you he (Select one)	ear about this grant?	Word of mouth	Social med	ia Website	Other
further information	formation: Because this p on that can be used in re responses will assist us i	ports or for furt	her research. Res	sponses to the fo	llowing questions
Marital status:	Single/never married	d 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 year	s in ministry:				
ECC Conferenc	e:				

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. In addition, each member should complete an Individual Application.

BUDGET INFORMATION

Funding amount requested: \$_____

Please include a detailed budget on a separate sheet.

Please email this form and any requested supporting documents to dcrosby@northpark.edu. Applications are accepted annually June 1st- August 1st.

