



Synod Peacemaking Application

FOR PROGRAMS THAT EXTEND THE PEACE OF JESUS CHRIST IN LOCAL OR GLOBAL COMMUNITIES



The Synod of the Trinity, Presbyterian Church (U.S.A.)
3040 Market Street, Camp Hill, PA 1701
Phone: 800-242-0534 Email: office@syntrinity.org

The Synod of the Trinity in partnership with its sixteen presbyteries provides peacemaking grants to support members of the Presbyterian Church (USA) congregations for peacemaking mission work in the form of travel or activities. The Peacemaking Offering is used for these grants. The applicant/group must reside within the bounds of the Synod and the activity/event must be related to peacemaking locally or globally. **These grants are for programs that extend the peace of Jesus Christ.**

Grants are available throughout the year; however applications should be received two months prior to the activity. Grants are not retroactive; incomplete applications will not be considered. Please print.

Section I

1. Name of Individual or Group: _____

If a group, how many? _____ Please list all participants on back or on separate page.

2. Contact person's name: _____

Contact's address: _____

Address City State Zip

E-mail & phone: _____

Email Phone

3. Member of PC(U.S.A) church: _____

4. Church Address: _____

Address City State Zip

5. Presbytery: _____

Section II

1. Activity: _____

2. Location: _____

3. Start Date: _____ Return or Finish Date: _____

4. Name of any other organization/s involved: _____

5. Describe the detailed activity and the opportunity for peacemaking this affords. Use additional paper if necessary. _____

6. What is the expected outcome and/or goals for the participants & for the community? _____

Section III

1. Participant's contribution: \$ _____
 2. Congregation's contribution: \$ _____
 3. Presbytery's contribution: \$ _____
 4. Other contributions: \$ _____
Total of all contributions: \$ _____

Please submit detailed information concerning contributions and donations on separate paper.

5. **Total cost** of activity:
 If applying as an individual: \$ _____
 If applying as a group: \$ _____

6. **Amount requested** from Synod Peacemaking Funds: \$ _____

7. Check to be made payable & mailed to: _____
 Address: _____
Address City State Zip

8. Participant(s) agrees to share the experience and its personal and spiritual impact with members of their congregation/s and presbytery and the Synod of the Trinity.

Signature of Applicant/Contact Person: _____ Date: _____

Section IV

The Session of _____ Church reviewed this application on _____.
Name of Church Date

Signature: _____
Clerk of Session

Print Name: _____

- OR -

The Presbytery of _____ reviewed this application on _____.
Name of Presbytery Date

Signature: _____
Stated Clerk of Presbytery

Print Name: _____

Mail completed & signed application to: The Synod of the Trinity, c/o Peacemaking Grants
 3040 Market Street
 Camp Hill, PA 17011

Questions? The Synod of the Trinity at 800-242-0534 or office@syntrinity.org.