

**WESTERN NORTH CAROLINA CONFERENCE COMMISSION ON EQUITABLE COMPENSATION
2010 APPLICATION FOR EQUITABLE COMPENSATION GRANT**

Jan-June (6 months)

July-Dec (6 months)

Jan-Dec (12 months)

District : _____

Clergy Name: _____

Clergy _____

Address: _____

Clergy Status: _____

Full Time	Part Time	If Part Time	1/4	1/2	3/4
Student LP	(Must be at least 3/4 time in order to receive grant)				
Local Pastor	Completed Course of Study?		Yes	Yes	No

Charge Name: _____

Total Membership of Charge: _____

Average Attendance at Worship for Charge: _____

If multiple church charge, please list:

Church 1
Name: _____
Membership: _____
Attendance at Worship: _____

Church 2
Name: _____
Membership: _____
Attendance at Worship: _____

Church 3
Name: _____
Membership: _____
Attendance at Worship: _____

Church 4
Name: _____
Membership: _____
Attendance at Worship: _____

Who is to receive check? **(Cannot be the minister)**

Name: _____ Telephone Number: _____

Address: _____

Eligible for minimum compensation totaling: _____

Amount requested from other sources: _____

Amount to be paid by church: _____

Amount requested from the
Commission on Equitable Compensation: _____

Type of grant:

Regular salary grant

Cabinet salary supplement grant

New grant: Yes No (If "no," check number of years grant received.)

 1 year 2 years 3 years More than 3 years: How many? _____

****This form must be signed, completed, and sent to the office of Jim Trollinger. It must be RECEIVED by November 25, 2009. None will be considered after that date, as the forms will be processed and sent to the Commission in early December 2009.**

Signature, D.S.: _____ Date: _____

Signature,
Clergy: _____ Date: _____

Signature, Charge
Conference Secretary: _____ Date: _____

*All continuing grants will be reduced by 30% from the "allowable" amount for 2010. The District Superintendent and Clergy will calculate the amount due; the Commission will calculate the 30% reduction. Appeals must be made in writing to the Commission (to be sent to Dr. Angela Marlowe, PO Box 82, Gibsonville, NC 27249), and **attached** to Application Form.

Equitable Comp Office Use Only

Amount Approved:

\$ _____