WESTERN NORTH CAROLINA CONFERENCE COMMISSION ON EQUITABLE COMPENSATION
2012 APPLICATION FOR EQUITABLE COMPENSATION GRANT

☐ **Jan-June (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 ¾ time in order to receive grant)
☐ Local Pastor Completed Course of Study? ☐ Yes ☐ No

Charge Name: _____
Total Membership of Charge: _____
Average Attendance at Worship for Charge: _____

If multiple church charge, please list:

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

3 Church Name: _____ 4 Church Name: _____
Membership: _____ Membership: _____
Attendance at Worship: _____ 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.)
Less than 1 yr:
How many months? 1 yr ☐ 2 yrs ☐ 3 yrs ☐ More than 3: How many?

**This form must be signed, completed and sent to the office of Jim Trollinger. It must be RECEIVED by November 30, 2011. Additional required documentation must include underwritten plan for decrasing reliance on equitable compensation, letters of support from pastor, church leadership, and district superintendent and most recent report on "The Power of 3 for WNCC". None will be considered after that date as the forms will be processed and sent to the Commission early December 2011.

District Superintendent: _____ Date: _____

Clergy: _____ Date: _____

Charge Conf Secretary: _____ Date: _____

*All continuing grants will be reduced by 30% from the "allowable" amount for 2012. 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, P.O. Box 82, Gibsonville, NC 27249), and **attached** to Application.

Equitable Comp Commission Use Only
Amount Approved:
$_____