

Small Church Residency Application for Congregations

Synod of the Northeast of the PCUSA

Question Group

Church Name*

Character Limit: 100

When are you hoping to fill your pastoral position?*

Character Limit: 150

Has your church/organization ever received funding through any of the other Synod Grant programs?*

Choices

Yes

No

PREVIOUS SYNOD FUNDING

Please provide additional detail regarding previous funding received from the Synod*

For each Synod grant award received, please list the name of the grant fund, the amount of funds granted, and the year in which it was received.

Character Limit: 300

ESSAY QUESTIONS

Congregational Description*

Please provide a brief description of your congregation, including demographics, average worship attendance, and a listing of ministry programs. Your response is limited to 3,000 characters (approximately 500 words).

Character Limit: 3000

Vision for Pastoral Leadership*

Briefly describe why your congregation would be a good match for a solo pastor in the first 5 years of ministry. Your response is limited to 3,000 characters (approximately 500 words).

Character Limit: 3000

Transformation and Revitalization*

In what ways has your congregation engaged in transformation and revitalization initiatives? Your response is limited to 3,000 characters (approximately 500 words).

Character Limit: 3000

Current Challenges*

What do you believe to be one of the greatest challenges to congregational life at this time? Your response is limited to 3,000 characters (approximately 500 words).

Character Limit: 3000

Preparedness for Change*

Describe ways in which your congregation has been recently open to change. Your response is limited to 3,000 characters (approximately 500 words).

Character Limit: 3000

Future Vision*

What do you imagine can happen if you were accepted in the program after three years? Your response is limited to 3,000 characters (approximately 500 words).

Character Limit: 3000

PARTICIPANT AGREEMENTS

Participant Agreements*

If accepted into the Synod of the Northeast Small Church Residency Program, you are asked to agree to the following requirements of the program. Confirm your agreement by placing a check in the following boxes.

Choices

- Our Session agrees to develop a congregational ministry plan.
- Our Session agrees to develop a congregational transformation leadership team.
- Our Congregational Transformation Team will participate in regional transformation learning events.
- Our Transformation Team will participate in bi-annual Zoom congregational team meetings.
- Our congregation will complete the Congregational Vitality Assessment.
- Our congregation will engage in stewardship training.
- Our congregation will contribute to Per Capita.
- Our congregation is open to calling a 3-year designated pastor.
- Our congregation is willing to meet the presbytery minimum compensation requirements.
- Our congregation is open to a potential pastor from another culture or ethnicity.

PRESBYTERY CONNECTIONS

Name of the Presbytery in which your congregation is located:*

Character Limit: 150

Presbytery Approval and Support*

Has the Presbytery formally approved your application to the Synod of the Northeast's Small Church Residency Program?

Please indicate the date of its approval and the council that approved it (Presbytery, Council, or COM).

Character Limit: 1000

Third Party - Presbytery Leader Email

Third Party Email*

Please enter the email of your Presbytery Leader. If your Presbytery is currently without a leader, please enter the email for the Stated Clerk. Send them an email with the following information included to request that they complete a brief set of questions from the Synod of the Northeast regarding your application.

Please include in the email:

1. The Congregation's Name
2. A brief summary of your congregation's vision/hopes for participating in the Small Church Residency Program.

Feel free to copy and paste the following email template for the email to your Presbytery Leader or Stated Clerk.

SAMPLE EMAIL TEMPLATE

Dear (*Enter the name of your Presbytery Leader*),

(*Enter your Congregation's name*) is applying for the Small Church Residency Program through the Synod of the Northeast. Here is a brief summary of what we are hoping will come out of our participation in this program:

(*Paste in your summary here*)

Note: Please fill out the information requested by the Synod of the Northeast within 10 days of receipt. The form they will ask you to fill out will arrive in a separate email. The completion of that form is required for our program application.

I appreciate your assistance!

Sincerely,
(*Enter your first and last name here*)

Character Limit: 254

ADDITIONAL MATERIALS

Budget*

Please upload your current budget.

File Size Limit: 5 MB

Balance Sheets*

Please upload a balance sheet showing your assets and liabilities.

File Size Limit: 5 MB

Annual Report*

Please upload the most recent Annual Report of the congregation.

File Size Limit: 5 MB