

Thirteenth Episcopal District of the African Methodist Episcopal Church

BELIEVE, INCORPORATED

2025 Clergy Stipend Grant Application

Please read the following information before completing the Clergy Stipend Grant Application (hereinafter referred to as “Application”)

What is Believe, Incorporated?

Believe, Incorporated (hereinafter referred to as “Believe, Inc.” or “Believe”) is a nonprofit organization that represents the secular, educational, economic, community development, and outreach efforts. Believe, Inc. seeks to identify new resources and to provide small grants to churches, organizations, and individual clergy who are eligible to apply.

How to Find the Grant Application:

1. Go to our website: www.believeinc.org
2. Click on “Download Clergy Stipend Grant Application” on the menu bar.
Note: you must have a PDF Viewer installed on your computer (such as “Adobe Reader” <http://www.adobe.com/reader>) available free to view/print the Application.

Who Can Apply for Believe, Inc. Clergy Stipend Grants?

A Clergy Stipend Grant may be awarded (as funds permit) to Pastors traveling 100 miles or more one way to their assigned churches.

What is the Application Deadline?

Monday, March 10th 2025, by mail (must be postmarked no later than the deadline date), fax, or hand-delivered, with all applicable Pastor’s and Presiding Elder’s signatures

Where Should Grant Applications be Submitted?

Applications should be submitted to the 2025 Believe, Inc. Clergy Stipend Grant Application Review Committee, 13th Episcopal District Office, Suite 210, 900 13th Avenue South, Nashville, TN 37212.

Review and Notification Process

All grant Applications will be reviewed by the Believe, Inc. Executive Board Committee. Grants awards will be announced at the Mid-Year Convocation.

BELIEVE, INCORPORATED
2025 CLERGY STIPEND GRANT APPLICATION

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Church: _____ District: _____ Conference: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Total Mileage: _____ Frequency of Travel: _____

Pastor's Name: _____ Signature: _____

Presiding Elder's Name: _____ Phone Number: _____ Signature: _____

Date of Submission: _____

Office Use Only: Do not write in this section

Person completing this section:

Date reviewed: _____ Time received: _____ Method received: HD _____ Faxed _____ Mailed _____