

**UUFF LEADERSHIP DEVELOPMENT FUND
TRAINING APPLICATION FORM**

Please print

NAME _____ DATE OF APPLICATION _____

ADDRESS _____ PHONE (____) _____ - _____

_____ CELL PHONE(____) _____ - _____

DATE UUFF MEMBERSHIP _____ EMAIL _____

AMOUNT REQUESTED _____ SPONSOR'S NAME _____

AMOUNT AND DATE AND PURPOSE OF LAST FUNDS RECEIVED FROM LDC OR FELLOWSHIP _____

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Training Request

Name of event _____

Dates of event _____

Place of event _____

Registration deadline _____

(please attach flyer, copy of email notification, etc)

How will you use what you learn in the training event to help the Fellowship? Please give specific details (training others, presentation to committees, congregation, etc.)

Attach TRAVEL BUDGET if applicable.

Date of LDC discussion: _____

Date funds disbursed (check #) _____

Date of report to UUFF: _____

Result: _____

Amount: _____

Nature of report: _____