

Date Effective: _____	2018 APPLICATION FOR FUNDING COMMISSION ON EQUITABLE COMPENSATION HOLSTON CONFERENCE	District: _____
Pastor Name: _____		Charge: _____

Form submitted to: **Holston Conference Office**
P. O. Box 850
Alcoa, TN 37701-0850

Check will be written to church and sent to church/charge treasurer who handles pastor's pay. If more than one, designate one to receive check. Church: _____ Treasurer: _____ Address: _____ _____	<p style="text-align: center;">CONFERENCE RELATIONSHIP (Select One)</p> FE FD PE PD OE OF FL AM AF OA Education: MDiv Seminary College
---	---

Date that conference supplement began: _____
NOTE: A copy of the Pastor's Support Worksheet must be attached to Application for Funding.

1. SALARY SUPPLEMENT

A. Schedule of Minimum Salary Levels for 2018 (Circle Applicable Category):

Full Time Pastors:		FL (Full-Time):	
FE /FD	\$41,808	FL (MDIV)	\$36,554
PE/PD	\$39,424	Completed Studies	\$35,585
AM AF OA	\$37,855	Beginning	\$30,849

B. Enter Total Salary Supplement Request (not to exceed 50% of Schedule A, less Total Income itemized in B). \$ _____

2. MISSION AID CHARGE SUPPLEMENT

Enter Annual Amount of Funding \$ _____

3. COOPERATIVE PARISH

January - June 2018	\$ _____
July - December 2018	\$ _____

SIGNATURES:

Pastor: _____	Date: _____
Charge Conference Secretary: _____	Date: _____
District Superintendent: _____	Date: _____
Cabinet Representative: _____	Date: _____