

## **DR. WILLIAM D. WUBBEN SPIRITUAL DEVELOPMENT AWARD**

**ADVENT LUTHERAN CHURCH  
8840 UNIVERSITY CITY BLVD  
CHARLOTTE, NC 28213**

Advent Lutheran Church, through the generous endowment from Dr. Bill Wubben, has established the Dr. William D. Wubben Spiritual Development Award for which any Advent church member (confirmed member who has contributed and communed within the current or preceding year) or non-member staff is eligible to apply. The award should be used by the applicant to attend a spiritual development, ministry training program, spiritual retreat program (for example, Via de Cristo, Teens Encounter Christ, Kairos), or youth summer church camp.

Awards will be \$50 for weekend or inexpensive programs or \$100 for longer term programs, though the Benevolent Endowment Distribution Board will consider larger requests based on the costs of the program and the potential value to the congregation. The award is intended to be supplemental and not pay the entire cost of participation in the program.

Applications are available in the church office. The application process will require the applicant to provide basic information concerning his or her program and an explanation of how the experience is intended to benefit the individual and the congregation.

The Benevolent Endowment Distribution Board will review all applications and will make award recommendations to the Advent Congregational Council for final approval. This process is likely to take longer than one month under normal circumstances, so please apply well in advance of start of the program or be willing to accept reimbursement after completion of the program. The Benevolent Endowment Distribution Board reserves the right to give special consideration in individual situations.

All applicants will be notified of the results of their request.

Return completed applications to [wubbendistribution@gmail.com](mailto:wubbendistribution@gmail.com).

**WILLIAM D. WUBBEN SPIRITUAL DEVELOPMENT AWARD APPLICATION FORM**

This form must be filled out completely by all applicants for each program for which he or she is seeking funding

Return completed forms to [wubbendistribution@gmail.com](mailto:wubbendistribution@gmail.com)

**PERSONAL INFORMATION**

Name: _____	Address: _____	
Phone: (Home) _____	Phone: (Cell) _____	Email Address: _____
Parents or Guardians (If under 21years of age): _____		
Address: _____	Phone: (Home) _____	
E-Mail Address: _____		

Please answer the following questions. Attach additional pages as needed.

1) Describe the spiritual development or ministry training program you plan to attend. Please provide the dates and location of program and the expected total cost of participation.

2) Describe the benefits you expect to attain from your participation.

3) Describe how your participation in this program will benefit Advent Lutheran Church.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_