

# The Margaret Fell Fund

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This form allows you to apply for assistance from the Margaret Fell Fund on behalf of a Friend in your meeting who has a leading to travel in gospel ministry among Friends.

There are three parts to the application form:

- Part A is for the meeting to complete on behalf of the Friend who is led to travel
- Part B is a budget form to be jointly prepared
- Part C is for the Friend with the leading to travel

Forms may be completed jointly by the Friend with the leading to travel in gospel ministry and a member of that Friend's anchor or support group, preferably the clerk. The clerk of Ministry & Counsel (or other committee of similar function) may fill in the necessary parts. When the meeting is clear that the application is in good order and has been appropriately seasoned please email all parts to:

[NurturingMinistries@FGCQuaker.org](mailto:NurturingMinistries@FGCQuaker.org)

If you don't have access to email, you may mail your application to:

The Margaret Fell Fund  
Friends General Conference  
1216 Arch St, Suite 2B  
Philadelphia, PA 19107

FGC strongly encourages all Friends that travel in the gospel ministry to be accompanied by a companion in the ministry who will support the Friend both spiritually and practically throughout the trip. Any Friend who is led to serve as a companion in ministry is also expected to complete a similar discernment process with their own meeting and, if in need of financial support, make a similar application to the Margaret Fell Fund.

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## **APPLICATION FORM PART A**

Part A is to be completed by the meeting on behalf of a Friend traveling in the gospel ministry among Friends

Name and Address of Monthly Meeting: \_\_\_\_\_

\_\_\_\_\_

Yearly Meeting: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Position in Meeting: \_\_\_\_\_

Contact Person's Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Friend for whom the application is being made: \_\_\_\_\_

Please provide a brief explanation of your understanding of the Friend's leading to travel in the gospel ministry among Friends (feel free to write on the back or use additional paper.)

How has this Friend's leading been seasoned in the meeting? (Provide a timeline as well as narrative of the discernment process; please indicate if the Friend has a care/support/anchor committee).

What is the process for continuing care of this Friend's leading/ministry before, during, and after their travel?

What provision/process for providing a companion in ministry has the meeting made?

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Signature of contact person who completed this form

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Signature of Friend with leading to travel in gospel ministry

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Signature of monthly meeting clerk

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Date Signed

Next complete Part B, the Anticipated Budget form. Submit both Application Parts A and B to:

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## APPLICATION FORM PART B

To be jointly prepared by the meeting and the Friend led to travel.

Name of Friend \_\_\_\_\_

Monthly Meeting \_\_\_\_\_

Date(s) of travel (if reservations already made, please include receipts): \_\_\_\_\_

**For the time of travel(s) please insert information below:**

Rent/Mortgage Payments due (if not covered by other means) \_\_\_\_\_

Health Insurance payments (if not covered by other means) \_\_\_\_\_

Utilities (if not covered by other means) \_\_\_\_\_

Household Care (children, family members, animals) \_\_\_\_\_

Household Maintenance \_\_\_\_\_

Outstanding Loan/Debt payments (e.g. car, college, credit card) \_\_\_\_\_

Other (please explain) \_\_\_\_\_

**\*Anticipated Transportation costs:**

Tickets (train/plane/bus) \_\_\_\_\_

Car rental \_\_\_\_\_

Gasoline for car rental \_\_\_\_\_

Parking fees \_\_\_\_\_

Mileage if using own car \_\_\_\_\_

Meals on the road \_\_\_\_\_

Other (please explain) \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL ANTICIPATED COST OF TRIP(S)** \_\_\_\_\_

**Less**

Amount contributed by monthly meeting \_\_\_\_\_

Amount contributed by yearly meeting \_\_\_\_\_

Amount contributed by Friend traveling in ministry \_\_\_\_\_

Amount contributed by meetings being visited \_\_\_\_\_

Amount from other sources (grants, individuals) \_\_\_\_\_

**REMAINDER TO BE COVERED** \_\_\_\_\_

**AMOUNT REQUESTED FROM THE MARGARET FELL FUND** \_\_\_\_\_

\*NOTE: Travel expenses are not covered by the Margaret Fell Fund, but FGC will take them into consideration when reviewing requests for funding.

Submit both Application Parts A and B to:

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## **APPLICATION FORM PART C**

To be completed by the Friend led to travel in the gospel ministry among friends

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of monthly meeting where membership held: \_\_\_\_\_

Length of membership: \_\_\_\_\_

Name of current monthly meeting (if not the same as above): \_\_\_\_\_

Current yearly meeting: \_\_\_\_\_

Please describe your leading for this ministry. (Feel free to write on the back or use additional paper for any of these questions.)

How long have you carried this leading?

What is your understanding of how you are being called to carry out this ministry?

Please describe how being faithful to this leading might impact your daily life? Your household/family's life?

In what ways has your meeting helped you in this process?

How have you seasoned it?

Who might serve as companion in ministry while you carry out this ministry? Have you talked to this Friend about your ministry? Has the Friend agreed to serve this way? Does he or she have his or her own support committee? What steps have you and your companion(s) taken to establish and ground this relationship?

What other sources of spiritual, financial and physical support do you have?

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Applicant signature

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Date

Please complete this form and submit it:

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This document was downloaded from the website of Friends General Conference. Explore the many resources and opportunities we offer for Quakers, Quaker meetings, and all interested individuals. Go to [www.fgcquaker.org](http://www.fgcquaker.org).

