

**APPLICATION FOR CONFERENCE ADVANCE STATUS**  
**HOLSTON CONFERENCE, THE UNITED METHODIST CHURCH**

\* \* \*

All the following information must be supplied for the application to be considered.  
If space is limited, attach supplements and number corresponding to question.

1. Name of project or program \_\_\_\_\_ Phone No. \_\_\_\_\_

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

2. Specific purpose of that part of the project/program for which Advance status is requested.

\_\_\_\_\_  
\_\_\_\_\_

3. Place(s) where the project is administered and/or carried on \_\_\_\_\_

\_\_\_\_\_

Describe facilities: \_\_\_\_\_

4. How is the project/program administered? (Director, Member of Staff) \_\_\_\_\_

\_\_\_\_\_

5. Is the administrator paid or volunteer? \_\_\_\_\_ Full or part time? \_\_\_\_\_

What Staff personnel is available and what are their qualifications? \_\_\_\_\_

\_\_\_\_\_

6. List names of persons on the Board of Directors? (Attach supplement) How are the members elected?

\_\_\_\_\_ Is there a limit to their term? \_\_\_\_\_

7. How many ethnic members on the board or staff? Board \_\_\_\_\_ Staff \_\_\_\_\_

8. If this is an ecumenical project, list the names, addresses, and church membership of The United Methodists on the governing board. \_\_\_\_\_

\_\_\_\_\_

9. List other sources and amounts of finances: \_\_\_\_\_

\_\_\_\_\_

(Over)

10. Goal for Advance giving for coming year \$ \_\_\_\_\_  
(Attach copy of the current budget)

Submit to you district superintendent for review and signature.

Signature of District Leadership Council Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Return to: The Advance Chairperson, 330 McFee Road, Knoxville, TN 37934