



# 2024 COVE PASTOR RESOURCE ASSISTANCE APPLICATION

Applicant must be actively serving in a current ministry role as a lead/senior pastor or associate pastor. Resources cover Pastor Renewal Retreat, meals and two nights of lodging for pastor and spouse. A materials fee of \$30 per person (\$60 per couple) will be processed with your application. If application is not approved, a refund of your materials fee will be processed. **Assistance awards are limited to one actively serving lead/senior pastor and spouse, and one actively serving associate pastor and spouse, per church, to be applied towards one Pastor Renewal Retreat per year.**

*Note: Resource assistance will not be considered unless entire application (two pages) is completed. Please print.*

**Please indicate the Pastor Renewal Retreat you would like to attend (one event per application):**

- Crawford Loritts — March 11-13, 2024
- Jim Cymbala — April 29–May 1, 2024  
*(Registration opens October 25, 2023)*
- Mark Batterson — May 29-31, 2024  
*(Registration opens December 6, 2023)*
- Thom S. Rainer — August 12-14, 2024
- Chip Ingram — September 11-13, 2024
- Erwin Lutzer — September 30–October 2, 2024  
*(Registration opens November 17, 2023)*

## RESOURCE ASSISTANCE ELIGIBILITY REQUIREMENTS

Are you currently serving in pastoral ministry?  Yes  No

Please indicate your current ministry role/title:  Senior Pastor  Associate Pastor

**Church/Ministry Name:** \_\_\_\_\_

**Church/Ministry Location (City/State):** \_\_\_\_\_

### Pastor First and Last Name

*(As you want it to appear on your name tag)*

- Mr.  Mrs.  Miss  Ms.
- Rev.  Dr.  Other: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

### Spouse First and Last Name *(If Applicable)*

*(As he/she wants it to appear on his/her name tag)*

- Mr.  Mrs.  Rev.  Dr.  Other: \_\_\_\_\_
- Year of Birth: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*By providing your personal details, you accept that we will use your personal details to communicate with you about ministry updates and opportunities from Billy Graham Evangelistic Association. To find out more, see our Privacy Policy at [BillyGraham.org/Privacy](http://BillyGraham.org/Privacy).*

**Please tell us how you heard about the Pastor Resource Assistance Program:** \_\_\_\_\_

### Lodging Preference *(Lodging assistance is limited to those living outside of Buncombe and Henderson counties.):*

I have off-property lodging arrangements.

#### **On-Property Reservations *(Subject to Availability):***

- Inn Room  Wheelchair-Accessible Inn Room

*Please see the event description on [TheCove.org](http://TheCove.org) for the most current information regarding **Come Early/Stay Over** offerings.*

If you have a **roommate request** (other than your spouse), please call our Reservations department at **828-771-4800**.

**Applicant's Signature** *(Required)*

**Date**

*Reminder: Please complete **both pages** of this form.*

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

Requested Retreat: \_\_\_\_\_

Thank you for your faithful service in the ministry of the Gospel.  
Please take a moment to answer the questions below. *(All information will remain confidential.)*

**How would you best describe your greatest current spiritual challenge?**

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**What do you hope to achieve as a result of your time at The Cove?**

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**How can we pray specifically for you prior to and during your stay?**

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 <p><b>BILLY GRAHAM</b> Training Center at The Cove ASHEVILLE, NORTH CAROLINA</p>	<p>Please complete <i>both pages</i> of this form and return to:  <b>Billy Graham Training Center at The Cove</b>          Attn: Reservations Department          P.O. Box 19223          Asheville, NC 28815</p>	<p><b>Email:</b> <a href="mailto:covereservations@thecove.org">covereservations@thecove.org</a>  <b>Fax:</b> 828-299-0276  <b>Phone:</b> 828-771-4800 or 828-298-2092  <b>Website:</b> <a href="http://TheCove.org">TheCove.org</a></p>
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