



2025 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 retreat per application):

- Bob Russell** — March 17-19, 2025
- Jim Cymbala** — May 12-14, 2025
- Jim Henry** — June 30-July 2, 2025
- Crawford Loritts** — August 11-13, 2025
- Chip Ingram** — September 8-10, 2025
(Registration opens January 2025)
- Erwin Lutzer** — October 6-8, 2025
(Registration opens January 2025)
- Thom S. Rainer** — November 3-5, 2025
(Registration opens January 2025)

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. Ms. Miss
- 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. Ms.
- 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.

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 retreat description on 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?

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

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

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