



2026 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 do not write in cursive.

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

- ☐ **Crawford Loritts** — March 23-25, 2026
- ☐ **Don Wilton** — April 6-8, 2026
- ☐ **Jim Cymbala** — May 11-13, 2026
(Registration opens October 8, 2025)
- ☐ **Bob Russell** — July 13-15, 2026
- ☐ **Jim Henry** — September 14-16, 2026
- ☐ **Erwin Lutzer** — October 5-7, 2026
(Registration opens October 14, 2025)
- ☐ **R. Albert Mohler, Jr.** — November 2-4, 2026
(Registration opens November 5, 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](https://www.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](https://www.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?
