



GREEK ORTHODOX ARCHDIOCESE OF AMERICA  
ARCHDIOCESAN PRESBYTERS COUNCIL  
CLERGY SABBATICAL PROGRAM



Dear Father,

Welcome to the application process for the **Archdiocesan Presbyters Council Clergy Sabbatical Program (CSP)**.

As the **Parish Priest (PP)** you are eligible to apply to this Program. Please provide all required documents and mail this completed, printed application with original ink signatures ***no later than the July 15 post-mark deadline for each year's program.***

Your application to this program will not be complete until *we have received all documents of your application with original signatures and until you have received a confirmation, acknowledging receipt of your complete application.*

Please note that, after a few weeks, you will receive an email, confirming our receipt of your signed documents after the post-mark deadline. We ask that you please wait that amount of time before inquiring as to whether or not we have received your proposal materials.

With gratitude for your application,  
APC Clergy Sabbatical Program Committee

**Clergy Sabbatical Program**  
**c/o Father Jerry Hall**  
**15006 Honeycutt Drive**  
**Huntersville, NC 28078**

Recipients will be notified by September 1.

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**NOTE: THIS IS A FILLABLE PDF FORM. PLEASE:**

- 1) TYPE ALL INFORMATION INTO THE FORM.**
- 2) SAVE THE FILE.**
- 3) PRINT IT.**
- 4) ADD REQUIRED INK SIGNATURES BEFORE SUBMITTING.**



# GREEK ORTHODOX ARCHDIOCESE OF AMERICA ARCHDIOCESAN PRESBYTERS COUNCIL CLERGY SABBATICAL PROGRAM



## OVERVIEW OF APPLICATION

**SECTION 1:** Your information

**SECTION 2:** Parish information

**SECTION 3:** Provide a summary statement describing the overall character and purpose of the Clergy Sabbatical you are proposing with a clearly articulated rationale for requesting in the CSP Grant. Include a discussion about why this is an appropriate time for you.

**SECTION 4:** Present a *thorough narrative description of your activities and timeline for the Clergy Sabbatical*. Include a brief description for each of these activities. This section is where you will give the fullest description of your plans and describe how the pieces fit together into a coherent whole.

**SECTION 5:** Forms to be signed by you, your Presvytera (if married), and the Parish Council President or Vice President, verifying that each signatory has read, understand, and will abide by the guidelines of the CSP in accepting this CSP Grant.

**SECTION 6:** Budget and expenses and tax liabilities.

**SECTION 7:** Temporary Assigned Priest (TAP) information.

## TERMINOLOGY USED IN THIS APPLICATION

- “Clergy Sabbatical” – A Sabbatical designed specifically for clergy
- “CSP” – The Archdiocesan Presbyters Council Clergy Sabbatical Program
- “PP” – A “Parish Priest” actively serving a parish of the GOA
- “TAP” – A “Temporarily Assigned Priest” filling in during the Sabbatical of its Parish Priest.
- “APC” – The Archdiocesan Presbyters Council of the GOA
- “RCA” – The Retired Clergy Association of the GOA
- “TC” – The Total Commitment financial support system of the GOA
- “Administrator” – The Clergy Sabbatical Program Administrator
- “Reviewers” – Members of the Application Review Committee



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**FILE NUMBER: (to be assigned by Sabbatical Committee)** \_\_\_\_\_

**APPLICATION BEING SUBMITTED BY:**

**PARISH PRIEST**

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

Mailing address: \_\_\_\_\_

Priest cell phone: \_\_\_\_\_

Priest email: \_\_\_\_\_

**PARISH**

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

Mailing address: \_\_\_\_\_

Parish phone: \_\_\_\_\_

Parish email: \_\_\_\_\_

Parish website: \_\_\_\_\_

Parish EIN: \_\_\_\_\_

**PARISH REPRESENTATIVE** (Parish Council President or Vice President)

Rep. Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Rep. cell phone: \_\_\_\_\_

Rep. email: \_\_\_\_\_

Rep. Title: \_\_\_\_\_



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**SECTION 1: YOUR INFORMATION**

**1.1) EDUCATION**

**HIGH SCHOOL:**

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

City, State: \_\_\_\_\_

Graduation Month/Year: \_\_\_\_\_

**COLLEGE:**

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

City, State: \_\_\_\_\_

Graduation Month/Year: \_\_\_\_\_

Degree & Major: \_\_\_\_\_

**GRADUATE:**

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

City, State: \_\_\_\_\_

Graduation Month/Year: \_\_\_\_\_

Degree & Major: \_\_\_\_\_

**POST-GRADUATE:**

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

City, State: \_\_\_\_\_

Graduation Month/Year: \_\_\_\_\_

Degree & Major: \_\_\_\_\_

**OTHER EDUCATIONAL NOTES/AWARDS:**



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## 1.2) ORDINATION AND PARISHES/MINISTRIES

### DIACONATE:

Ordination Date: \_\_\_\_\_

Ordaining Hierarchy: \_\_\_\_\_

### PRIESTHOOD:

Ordination Date: \_\_\_\_\_

Ordaining Hierarchy: \_\_\_\_\_

## PARISH ASSIGNMENT HISTORY

### AS DEACON:

Parish Name	Location	Dates of Service (Start/End)
_____	_____	_____

### AS ASSISTANT PRIEST:

Parish Name	Location	Dates of Service (Start/End)
_____	_____	_____
_____	_____	_____

### AS PRESIDING PRIEST:

Parish Name	Location	Dates of Service (Start/End)
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 1.3) SABBATICALS

Have you ever taken a sabbatical during your ordained ministry? \_\_\_\_ No \_\_\_\_ Yes

If yes, provide dates and details:

Provide any other information about you and your ministry, career, and community involvements that may be helpful for the review committee to know.



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**SECTION 2: PARISH INFORMATION**

2.1) Date of currently serving Parish was founded: \_\_\_\_\_

2.2) Number of years at your present Parish: \_\_\_\_\_

2.3) Number of families at your present Parish: \_\_\_\_\_

2.4) Average Sunday worship attendance: \_\_\_\_\_

2.5) Names and tenure of the last four Presiding Priests.

*For example: 1965 – 1975 Father John Pappas*

**YEARS**

**NAME OF PRIEST**

_____	_____
_____	_____
_____	_____
_____	_____

2.6) List a representative sampling of the ministries, both internal and outreach, in which your Parish is involved.



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**SECTION 3: SUMMARY STATEMENT**

Provide a summary statement describing the overall character and purpose of the Clergy Sabbatical you are proposing with a clearly articulated rationale for requesting in the CSP Grant. Include a discussion about why this is an appropriate time for you.







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**4.2) NARRATIVE DESCRIPTION OF YOUR CLERGY SABBATICAL:**

Provide a thorough narrative description of your vision and plans for your Clergy Sabbatical. Why are you applying? How does the above timeline accomplish your vision, hope and dreams for your time away?



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## SECTION 5: FORMS TO BE SIGNED

### 5.1) SIGNATURE OF THE APPLICANT

This signature indicates that you are fully aware of guidelines and requirements of the CSP. If a CSP is awarded, you commit yourself to these guidelines, requirements, and expectations of the CSP and will abide by them.

Furthermore, you believe that the information provided on this application is accurate. If a CSP is awarded and the Program is undertaken, you intend to serve this Parish for at least one year after the end of the CSP. Further, you recognize that this CSP is not portable and that it can be used only while you are serving in this Parish.

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Printed Name of Clergy Applicant

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Signature

---

Date

### 5.2) Signature of the Presvytera (if applicable)

This signature indicates that you are fully aware of guidelines and requirements of the CSP. If a CSP is awarded, you are fully aware of the activities and timeline, as delineated in this application (Section 4), understand the commit by your husband to these guidelines, requirements, and expectations of the CSP, and will support them.

Furthermore, if a CSP is awarded and the Program is undertaken, I understand that my husband must serve our current Parish for at least one year after the end of the CSP.

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Printed Name of Presvytera

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Signature

---

Date



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**SECTION 5: FORMS TO BE SIGNED (continued)**

**5.4) SIGNATURE OF THE LOCAL HIERARCH**

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

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

Mailing address: \_\_\_\_\_

To the APC Clergy Sabbatical Program,

As the local Hierarchy of the priest and parish named above, my signature below indicates that I offer my paternal and pastoral approval and blessing for him to apply for the Clergy Sabbatical Program and to be absent from his parish if awarded the grant.

\_\_\_\_\_  
Printed Name of Hierarchy

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**SECTION 5: FORMS TO BE SIGNED (continued)**

**5.3) SIGNATURE OF THE PARISH COUNCIL PRESIDENT OR VICE PRESIDENT**

This signature\* indicates that the Parish Council and the Parish are fully aware that our Parish Priest is applying for this CSP. If a CSP is awarded, the Parish commits to continue his salary and benefits during the entire CSP and will abide by the CSP guidelines for funding.

\_\_\_\_\_  
Printed Name of President/Vice-President

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*This signature must be that of the Parish Council President or Vice President and not an employee of the Parish. Signatures of relatives of the PP are not acceptable.



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**SECTION 6: EXPENSES & BUDGET & TAX LIABILITY**

**6.1) FINANCIAL ASSISTANCE**

**Are you applying for any other financial assistance for this sabbatical?**

☐ **No** ☐ **Yes** Details: \_\_\_\_\_

**6.2) PRIEST'S BUDGET EXPENSES WORKSHEET**

Travel/Airfare: \$ \_\_\_\_\_

Auto Expenses: \$ \_\_\_\_\_

Meals and Lodging: \$ \_\_\_\_\_

Fees/Tickets/Programs: \$ \_\_\_\_\_

Books: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Estimated increase in  
tax liability as result of  
receiving grant \$ \_\_\_\_\_

**TOTAL BUDGET:** \$ \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Clergy Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**SECTION 6: EXPENSES & BUDGET & TAX LIABILITY (continued)**

**6.3) CLERGY APPLICANT'S ACKNOWLEDGEMENT OF TAX LIABILITY**

My signature below confirms that my Parish is exempt from the payment of federal income taxes under the Internal Revenue Code ("Code") section 501(c)(3) and is a church described in Code section 170(b)(1)(A)(i).

It is the understanding of the CSP that funds received from a CSP grant are **taxable income**.

Furthermore, unless otherwise advised by my tax professional, **I also understand my potential tax liability in view of this CSP Grant.**

**If selected, I will ensure funds are set aside to fulfill my tax obligations to the Internal Revenue Service, abiding by the law, as advised by my financial advisor.**

\_\_\_\_\_  
Printed Name of Clergy Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**SECTION 6: EXPENSES & BUDGET & TAX LIABILITY (continued)**

**6.4) PARISH'S TAX STATUS**

The CSP Committee is required by federal tax law to determine the exempt status and foundation status of each Parish to which it makes a grant. Therefore, it is necessary that the Parish supply the following information to establish that the Parish is exempt from the payment of federal income taxes under Internal Revenue Code ('Code') section 501(c)(3) and is a church described in Code section 170(b)(1)(A)(i).

Please (1) complete and execute this form and (2) provide the requested document(s) listed under 'Required Tax Status Documents' below. Feel free to address any questions regarding this form to CSP Committee.

**Legal name of organization:**

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**Common name of organization (if different from legal name) and address:**

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**Required Tax Status Documents**

If your Parish has an Internal Revenue Service letter determining that your organization is exempt from federal income taxes under Code section 501(c)(3) and a church described in Code section 170(b)(1)(A)(i), please provide a copy of the most recent letter. No grants will be awarded until the proper tax status is confirmed.

**Note:** Many Parishes will not have asked for or received such a letter from the IRS. If that is the case in your situation, then determine whether your Parish is listed in a group exemption ruling for your denomination. If so, please attach evidence that your Parish is covered by the ruling. If your Parish does not have an individual exemption letter and does not fall under a denomination group ruling, please attach a letter that has been written and signed by legal counsel that verifies that your Parish is a church described in Code sections 501(c)(3) and 170(b)(1)(A)(i).

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Printed Name of President/Vice-President

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Signature

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Date



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**SECTION 7: TEMPORARY ASSIGNED PRIEST (TAP) INFORMATION**

*The following information will assist the Metropolis in assigning a Priest to the Parish during the sabbatical with the APC assisting, as appropriate.*

Is there an Assistant Priest at the Parish to assume all Parish duties? \_\_\_\_ Yes \_\_\_\_ No

If TAP is needed, is housing available from the Parish for the TAP? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Printed Name of Parish Priest

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAP NOTES:**

1. **Identifying a TAP:** The CSP welcomes the assistance of the Parish Priest (PP) seeking the grant in the selection of the TAP. If the PP has found an appropriate TAP candidate to assume his pastoral responsibilities with the blessing of his local Metropolitan, then that person may serve as the TAP and will receive the stipend as detailed in the program document. The program list of potential TAPs is simply a resource to assist both the PP and the Metropolis to find an appropriate TAP to serve the parish during the sabbatical, if needed.
2. **Lack of a TAP:** If an appropriate TAP cannot be found the PP receiving the grant may need to suspend his sabbatical plans until an appropriate TAP is available.

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