

United Women in Faith
Of
The Mississippi Conference

2026 Arlean Hall
Mission Grants
Guidelines and Application



Application Deadline
May 30, 2026

Only Completed Applications Postmarked
Or Emailed
By The Due Date Will Be Considered

APPLICATION GUIDELINES

The 2026 Mission Grants are available to any Mississippi United Methodist agency or church to help fulfill its mission. Each applicant must demonstrate a particular project or need for its ministry to be considered for the grant.

CRITERIA

**The grant shall be used for mission projects
for women, children, youth, and families.**

Mail Applications to Arlean Hall Mission Grants
c/o Kay B. Barksdale
1209 Lyncrest Avenue
Jackson, MS 39202

Or Email Applications to kbarks10@gmail.com cell phone: 601-955-6623

To ensure receipt of applications send by US Postal Service or email to Kay B. Barksdale @kbarks10@gmail.com for an acknowledgement or receipt. **DO NOT FAX. Applicants should receive receipt for the application within one week of submission. If receipt is not received, re-send the application with a message that first application was not acknowledged.**

AWARDS / RESTRICTIONS:

Grants range from \$500 to \$3,000 per project and will be awarded by July 15th of each year. Grants will be matching grants. Applicants must demonstrate how they will fund the other half or remainder of the project. Funding cannot be used for salaries, stipends, fees or short term mission trip travel.

2026 ARLEAN HALL MISSION GRANT APPLICATION

Deadline to submit is May 30, 2026

Date: _____

Project Name _____

Person completing application

Name _____

Telephone Number _____

E-mail Address _____

Church or Agency _____

Mailing Address _____

District _____ Project starting date _____

Continuation of project date _____

Have you previously received an Arlean Hall Mission Grant for this project?

If yes, indicate the year(s) and amount(s) of previous grants received

Describe Project. Please be specific.

Describe how grant funds will be used for this project.

Estimate project cost	
Explain how you will fund the other half or remainder of the project	
Attach a copy of a detailed budget for grant to be considered (*required)	

Amount of Funding Request	\$
Amount of other Sources(s) of Funding	\$
Total Project Cost	\$

Describe the area where your church or agency is located.

Describe your church or agency's mission and efforts in ministry.

List the members of the church or agency who will be directly responsible for completing the project.

NAME	PHONE	EMAIL

Project Leader

Pastor or Director

Project Leader Signature

Pastor or Director Signature

If funds are awarded for this project, to whom should check be made out?

Name _____

Address _____