**Instruction Cover Sheet BRONZE**

**Louisiana Conference**

**UNITED METHODIST WOMEN**

**MISSION STUDIES REPORT**

**The Years**

**2014-2015; 2015-2016; 2016-2017**

**Instructions**

**Mail report form to the District Education & Interpretation Coordinator as soon as you finish your study.**

**If you are having a cluster or DISTRICT WIDE STUDY, provide forms for each unit in attendance.**

**Ask the participants to fill out forms at the study site.**

**Notify your District Coordinator of every unit in attendance.**

District Education & Interpretation Coordinator:

Address:

**Louisiana Conference**

**UNITED METHODIST WOMEN**

**Bronze Certificate of Merit**

**MISSION STUDY RECOGNITION REPORT**

**(Single Study)**

**One, Two Hour Study**

**1-2 Hour STUDY REQUIRED**

**The Years**

**2014-2015; 2015-2016; 2016-2017**

**UNITED METHODIST WOMEN MISSION STUDY RECOGNITION REPORT**

**Bronze Certificate of Merit 1-2 HOUR STUDY REQUIRED (SINGLE STUDY)**

|  |  |  |
| --- | --- | --- |
| **2014-2015**  **How is it with your Soul?**  **The Roma of Europe**  **The Church and People**  **with Disabilities** | **2015-2016**  **Created for Happiness**  **Latin America**  **The Church and People**  **with Disabilities** | **2016-2017**  **The Bible and Human Sexuality**  **Climate Justice**  **Latin America** |

Guidelines:

1. Use any one of the approved Mission Studies above.

2. Have a capable, responsible committee making plans, using the study book.

**3. Have a prepared leader who can give capable group leadership.**

**4. Spend a MINIMUM OF TWO HOURS on STUDY.**

**5. Preparation during or between sessions: Reading the text and other**

**assignments.**

**6. Member participation: Panels, Discussion, Reports, drama, video, etc.**

7. THERE MUST BE AN ACTION that goes beyond your own church which results

from this study. Without an ACTION a certificate will not be issued.

**Name of unit, church, or charge: City District**

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**President of Unit Education & Interpretation Coordinator**

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**NAME of STUDY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOURS SPENT ON STUDY\_\_\_\_\_\_**

**ACTION: describe in detail the action resulting from this study.**

**Mail report form to**

**District Education & Interpretation Coordinator as soon as you finish your study.**

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District Education & Interpretation Coordinator:

Address: