United Women in Faith
Florida Conference of The United Methodist Church

[DISTRICT NAME)_____

UNITED WOMEN IN FAITH MISSION STUDY REPORT

NAME OF UNIT/CHURCH_____

NAME OF STUDY: _____

NAME OF STUDY FACILITATOR: _____

DATE COMPLETED_____

NUMBER OF HOURS (4 minimum) _____

DATES of Study FROM _____ TO _____

TOTAL NUMBER OF PARTICIPANTS _____

DID ANY OTHER UNITS PARTICIPATE? YES____ NO____

IF YES, LIST THEIR NAMES HERE*_____

_____

WERE YOU THE HOST FOR THE STUDY? _____ YES _____NO

IF NO, HOW MANY PARTICIPATED FROM YOUR UNIT?** _____

ACTION (S) PLANNED/TAKEN AFTER THE STUDY:

_____

_____

NAME OF PERSON COMPLETING THE FORM_____

Phone _____ Email _____

*Participating units must send their individual report to receive credit.

**At least 4 members must participate in a combined study with other units or Mission u to qualify for the unit mission study award for your unit.

SEND THIS FORM TO YOUR DISTRICT EDUCATION AND INTERPRETATION COORDINATOR OR YOUR DISTRICT PRESIDENT IF NO E & I COORDINATOR IN YOUR DISTRICT. SHE SHOULD THEN SUBMIT THE FORMS TO THE UWFAITH CONFERENCE SECRETARY BY MARCH 31, 2027, TO QUALIFY FOR 2026 AWARDS.