

CONTINUING EDUCATION GRANT APPLICATION
Episcopal Diocese of Pennsylvania

APPLICATION DATE _____

PERSONAL DATA

NAME _____ EMAIL ADDRESS _____

FULL ADDRESS _____

DAYTIME TELEPHONE NUMBER INCLUDING AREA CODE _____

CHECK ONE:

_____ **CLERGY:** Years Ordained _____ Years in Current Ministry _____

Congregation _____

_____ **LAY PROFESSIONAL:** Staff Title _____

Years of Service in this Position _____ Congregation _____

_____ **LAY VOLUNTEER LEADER:** Leadership Role _____

Years of Service in Role _____ Congregation _____

PROGRAM/COURSE INFORMATION (Please attach a copy of program brochure)

Name of Program _____

Program Location _____

Program Dates _____

BRIEF DESCRIPTION

CLERGY ENDORSEMENT FOR LAY PROFESSIONAL APPLICATIONS

Signature of Clergy Supervisor _____

CLERGY ENDORSEMENT FOR LAY VOLUNTEER LEADER APPLICATIONS (To be completed by Priest or Bishop)

(Applicant's name) _____ has been an active, pledging member of his/her congregation for at least six months.

Please describe specifically the ways in which this training will build up the Body of Christ.

How will the leadership of this applicant enhance the ministry of your congregation/diocese.

Signature of Priest or Bishop _____

COSTS
 REGISTRATION/TUITION \$ _____
 TRAVEL \$ _____
 LODGING \$ _____
 MISCELLANEOUS COSTS \$ _____
 (SPECIFY _____)
 TOTAL COST OF PROGRAM \$ _____

FUNDING SOURCES
 FROM PARISH \$ _____
 FROM SELF \$ _____
 FROM EMPLOYER \$ _____
 FROM OTHER \$ _____
 BALANCE NEEDED \$ _____

ANSWERING THE NEXT THREE QUESTIONS, PLEASE USE ADDITIONAL PAPER IF NECESSARY.

List a few personal, professional, and spiritual goals and/or a few areas of knowledge you would like to work on or broaden.

What are your expectations of this program, and why do you think it will help you in achieving goals you have set?

How do you think this program or course will benefit your current ministry within the Episcopal Diocese of Pennsylvania?

YES NO *I would be willing to share my experience with other parishes in the diocese.*

PAYMENT INFORMATION

Make check payable to: _____

Send check to: _____

(Please note that if a check is made payable to applicant, a proof of payment or receipt is requested.)

How did you learn of the Continuing Education Fund?

- Person Brochure Email Leadership Institute Catalog Other

PLEASE RETURN COMPLETED APPLICATION TO:

Jill Mathis, Continuing Education, Episcopal Diocese of PA, 240 S. Fourth Street, Philadelphia, PA 19106

Questions? Contact Canon Jill Mathis at 215-627-6434, ext. 102, or email JillM@diopa.org

PLEASE ATTACH A COPY OF PROGRAM BROCHURE WITH APPLICATION

PLEASE NOTE: THIS APPLICATION *MUST* BE SUBMITTED *PRIOR* TO THE PROGRAM OR COURSE