

**CONTINUING EDUCATION GRANT APPLICATION**  
*Episcopal Diocese of Pennsylvania*

APPLICATION DATE: \_\_\_\_\_

DATE RECEIVED:(Leave Blank) \_\_\_\_\_

**PERSONAL DATA**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: (    ) \_\_\_\_\_

**CHECK ONE:**

**CLERGY:**                      Years Ordained \_\_\_\_\_ Years In Current Ministry \_\_\_\_\_

CONGREGATION: \_\_\_\_\_

**PROFESSIONAL:**                      (Staff) \_\_\_\_\_ (Title) \_\_\_\_\_

CONGREGATION: \_\_\_\_\_ Years of Service: \_\_\_\_\_

**VOLUNTEER LEADER:(LEADERSHIP ROLE)** \_\_\_\_\_

CONGREGATION: \_\_\_\_\_ Years of Service: \_\_\_\_\_

**PROGRAM/COURSE INFORMATION (Please Attach A Copy Of Program/Brochure)**

PROGRAM/COURSE NAME: \_\_\_\_\_ DATE(S): \_\_\_\_\_

PROGRAM LOCATION: \_\_\_\_\_

PROGRAM DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

**CLERGY ENDORSEMENT FOR PROFESSIONALS**

SIGNATURE OF CLERGY SUPERVISOR: \_\_\_\_\_

**CLERGY ENDORSEMENT FOR VOLUNTEER LEADER (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: \_\_\_\_\_

<u>COST</u>		<u>FUNDING SOURCES</u>	
REGISTRATION/TUITION	\$ _____	FROM PARISH	\$ _____
TRAVEL	\$ _____	FROM SELF	\$ _____
LODGING	\$ _____	FROM EMPLOYER	\$ _____
MISCELLANEOUS COST	\$ _____	FROM OTHER	\$ _____
(SPECIFY): _____			
<b>TOTAL COST OF PROGRAM</b>	<b>\$ _____</b>	<b>BALANCE NEEDED</b>	<b>\$ _____</b>

**Please attach additional paper if necessary for answering the next three questions**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What are your expectations of this program and why do you think it will help you in achieving those goals?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to share your experience with other parishes in the Diocese?  Yes  No

**PAYMENT INFORMATION:** (IF CHECK IS MADE PAYABLE TO APPLICANT, PROOF OF PAYMENT OR RECEIPT IS REQUIRED)

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

**MAIL CHECK TO:** \_\_\_\_\_

\_\_\_\_\_

**How Did You Learn Of The Continuing Education Fund?**

Person  Brochure  Email  Leadership Institute Catalog  Other

**PLEASE RETURN COMPLETED APPLICATION TO:**

Assistant to the Canon For Transition Ministry  
Continuing Education  
Episcopal Diocese of Pennsylvania  
3717 Chestnut Street, Suite 300  
Philadelphia, PA 19104

**QUESTIONS – PLEASE CALL:**

The Assistant to the Canon For Transition Ministry  
at: 215-627-6434, Ext. 111  
**or**  
The Rev. Paul Adler at: 267-908-4842 or  
Email: [pauleadler@gmail.com](mailto:pauleadler@gmail.com)

**PLEASE NOTE:** This Application **Must Be Submitted Prior To The Program/Course Start Date**  
Please **Attach A Copy Of Program's/Course Brochure With Application**