

Date ____/____/____

Diocese of Connecticut
Diocesan Grant
For
Continuing Education for Lay Professionals

APPLICATION

Name _____

Address _____ State/Zip _____

Telephone: (H) (____) _____ (W) (____) _____

Work Address: _____

Parish or Agency in which you serve: _____

Credentials required for your position (degree, certificate or equivalent) with date/s you received them/that institution or agency granted them _____

Course (or program) for which you are applying: _____

Name of institution/organization offering the program: _____

Address: _____

Place where program will be held (if different from above): _____

Date when course begins: _____ Date when course ends: _____

How does your proposed course of study relate to your ministry? (Use additional paper, if necessary.)

Anticipated Costs:

Tuition: _____

Travel: _____

Room & Board: _____

Other (specify): _____

TOTAL: \$ _____

How do you intend to underwrite these costs?

Parish: \$ _____

Self: \$ _____

Diocesan Grant: \$ _____

TOTAL: \$ _____

What is the attitude of your parish, or employing organization, toward your study plans?

If your parish /agency is not giving you time off and money to assist you with your Continuing Education plans, please explain:

Signed _____

(Warden or Official of Parish)

Signed _____

(Applicant)

Please Return To: Chairperson for the Commission on Ministry
The Commons, Episcopal Church in Connecticut
290 Pratt Street
Meriden, CT 06450

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| <p>For Office Use Only</p> <p>Date Received: _____</p> <p>Date Referred to Committee: _____</p> <p>Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Amount: _____</p> <p>Date Check Requisitioned: _____</p> <p>Date Return Evaluation Received: _____</p> |
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