Application Form for a Continuing Education Grant

“The purpose of continuing education for the clergy of the Diocese of East Tennessee is to keep the clergy informed of new developments, enhance skills, deepen faith and make them aware of new research and theology related to the many aspects of clergy and parish life.”

Preamble to the Continuing Education Policy for the Diocese of East Tennessee

Form initiated 3/01/08

Date

Name

Address

Telephone

Employer and Address

Position

Name, place and date of program for which you seek aid

Briefly describe the nature of the program. Attach any brochures or descriptive material available.

Please explain why you think the program for which you seek aid will contribute to fulfilling the intentions of the diocesan policy on continuing education as described in the preamble above.
Please fill out the following disclosure completely:

--- Expenses ---

$ _________________________ Tuition/fees
$ _________________________ Room/Board
$ _________________________ Travel expenses
$ _________________________ Books and supplies
$ _________________________ Other (describe below)

$ _________________________ Total Expenses

--- Resources ---

$ ________________________ Parish, Mission, Institution Support *
$ ________________________ Other grants or awards
$ ________________________ Personal investment
$ ________________________ Loans
$ ________________________ Other resources (describe below)

$ ________________________ Total Resources

$ ________________________ = Amount requested

* If your vestry, mission council or institution is not contributing to your resources, please attach a copy of their minutes in which your request for assistance was refused.

Your additional comments

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If a grant is made, I agree to submit a critical evaluation of the program within thirty days of its conclusion to the Commission on Ministry.

Signature ______________________ Date __________

Return this application to: Ms. Laura L. Nichols
The Diocese of East Tennessee
814 Episcopal School Way
Knoxville, Tennessee 37932

For office use only: ____________________________ ____________________________

Date received __________________ Date reviewed __________ Amount awarded

Bishops Signature __________________ Date __________

Comments

________________________________________________________________________

________________________________________________________________________