



# The Diocese of East Tennessee

## Application Form for a Sabbatical Grant

"The purpose of a Sabbatical leave is to provide an opportunity for those on Sabbatical to rest. If God thought it was good for God, surely God thinks it is good for God's people. In this regard (as in others) Clergy are to be models of God to God's people. It is, therefore, incumbent on them to be deliberate in taking regular times for the rest which allows for the replenishment of the body and the spirit. Sabbaticals are in addition to regularly scheduled vacation times and are not to be confused with sick leave or any other kind of leave."

*Preamble to the Sabbatical Leave Policy for the Diocese of East Tennessee*

\_\_\_\_\_  
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 sabbatical leave 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

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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: Mrs. 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 \_\_\_\_\_

Bishop's Signature: \_\_\_\_\_

Comments

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