

# CLERGY CONTINUING EDUCATION GRANT

## APPLICATION FOR INDIVIDUAL – Page 1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parish, Agency or Sponsor: \_\_\_\_\_

Description of Program: \_\_\_\_\_

\_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS:

1. Fill in grant form completely, especially name of event, place and date.
2. Attach a copy of published description of the event.
3. Secure Vestry approval, using Vestry Recommendation form provided.
4. Note budget resources indicating 1/3 from the individual, 1/3 from the parish, and 1/3 from the Committee.
5. Note continuing education experience in previous five years. Have you received a grant from this Committee before? If so, state amount and date.
6. Give specific objectives of program in relation to professional goals and your understanding of the priorities of the Diocese.
7. Specify criteria to provide basis for evaluation report. ("How do I know what I have accomplished?")
8. Note intended implementation and sharing of learning with specific groups.

### BUDGET:

#### EXPENSES

Program Cost \$ \_\_\_\_\_

Room/Board \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Books/Supplies \$ \_\_\_\_\_

Others (Specify) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

#### RESOURCES

Personal \$ \_\_\_\_\_

Parish/Agency \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

GRANT Request \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Agreement: I accept the conditions specified and agree to a written evaluation report on completion of the program. (Note: Ten Percent (10%) of approved grant is transmitted on receipt of evaluation if submitted within thirty (60) days.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**CLERGY CONTINUING EDUCATION GRANT**

*APPLICATION FOR INDIVIDUAL – Page 2*

**Vestry Recommendation**

**To the Committee on Clergy Continuing Education:**

This is to inform the Committee that we concur with the continuing education plans of

\_\_\_\_\_ (Name)

who has our approval to participate in the following program:

Title: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Church: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

## **CLERGY CONTINUING EDUCATION GRANT**

### ***GUIDE TO EVALUATION REPORT OF RECENT EXPERIENCE IN CONTINUING EDUCATION***

*(Mail report to the Chair of the Committee on Clergy Continuing Education  
within 60 days of completion of program.)*

Please use the evaluative criteria specified in your application and the following outline for your evaluation report.

1. Description of program: Where? What? When? Sponsored by whom?
2. What values did the program have for you? Personally? Professionally?  
Grade its general worth (1 = Poor; 5 = Excellent). Strong and weak points?
3. Did it fulfill your expectations? In what ways yes? In what ways no?
4. How will this program be expressed in your ministry?
5. What specific aids to your present situation carried over from the program?
6. As a result of this experience to what further continuing education do you  
look forward?
7. What can be done to make your experience more widely useful?
8. Other comments and suggestions.
9. Signature and date.

# CLERGY CONTINUING EDUCATION GRANT

## FINANCIAL REPORT - INDIVIDUAL AND GROUP

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of Grant from Committee on Clergy Continuing Education \$ \_\_\_\_\_

Less 10% withheld until receipt of evaluation report

\$ \_\_\_\_\_

### Amount Paid

Date grant paid: \_\_\_\_\_ \$ \_\_\_\_\_

The evaluation and financial reports should be forwarded to the Chair of the Committee on Clergy Continuing Education within 60 days of the completion of the program, or the remaining funds (10%) will not be paid. Multi-year programs require an annual accounting, progress report, and new application for funds for the next academic year.

### INCOME

### BUDGETED

### ACTUAL AMOUNT

Committee Grant

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Parish or Agency

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Self

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Other

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

### EXPENSE

Program Costs

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Room & Board

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Travel

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Books & Supplies

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Other (specify

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Balance due from the Committee

\$ \_\_\_\_\_

Balance to be returned to the Committee

\$ \_\_\_\_\_

To help us avoid further questions from an accountant/auditor, please attach copies of receipts or canceled checks for any major expenditure such as tuition fees or travel.

Thank you.

On a separate sheet please give us your evaluation of this program to guide the future decisions of the Committee and to advise other clergy who may wish to undertake a similar program. (See *Guide to Evaluation Report* questions for your use in replying.)

# CLERGY CONTINUING EDUCATION GRANT

## APPLICATION FOR A GROUP - Page 1

1. Coordinator: All communication regarding this grant will be through the Group Coordinator.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Description of Program: State so that the Committee and the participants are clear about what will take place. Include dates, times, and locations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Goals and Objectives: The purpose of the program should be related to needs and objectives of the group members. How will this program contribute to professional development and life of the group? What do you hope to accomplish?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Persons Involved: Please list names of all those planning to participate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Budget & Grant Request: List all anticipated expenses. The Committee expects participants to make some contribution from personal or parish funds. These contributions are to be listed under Resources.

### EXPENSES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### RESOURCES

\$ _____	Participant Shares	\$ _____
\$ _____	Subsidies, etc.	\$ _____
\$ _____	Other (specify)	\$ _____
\$ _____	GRANT REQUEST	\$ _____
\$ _____	TOTAL	\$ _____

TOTAL:

Amount requested by participant: \$ \_\_\_\_\_

Date by which grant is needed: \$ \_\_\_\_\_

Payee for grant check: \$ \_\_\_\_\_

*APPLICATION FOR A GROUP - Page 2*

6. Evaluation & Follow-up: How will you evaluate the events? What sort of application and follow-up do you anticipate?

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7. Agreement: I accept the conditions specified and agree to a written evaluation report on completion of the program. (NOTE: Ten (10%) of approved grant is transmitted on receipt of evaluation report if submitted within 60 days).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Group Coordinator)

Dean's Comments (Over if needed):

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Date: \_\_\_\_\_

**RECOMMENDED CLERGY CONTINUING EDUCATION  
PROGRAMS AND EVENTS**

Program \_\_\_\_\_

Place \_\_\_\_\_

When did you participate? \_\_\_\_\_

What did you enjoy most? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did this program refresh, enhance, renew, etc. your ministry? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_