

Clergy Continuing Education Committee Grant Application
Episcopal Diocese of East Carolina

Name: _____ Phone _____

Address: _____

Parish Affiliation or Sponsor: _____

Name, Place and Description of Program of Education or Clergy Renewal:

If you have received a grant from this Committee previously, state the date, name of the program and the amount received: _____

Grant requirements:

1. The expectation is that 1/3 of costs will come from the individual, 1/3 from the sponsoring parish, and 1/3 from the Clergy Continuing Education Budget. For retired clergy not actively serving a parish, the expectation is that 2/3 of costs come from the individual and 1/3 from the Clergy Continuing Education Budget.
2. Attach a copy of a published description of the event.
3. Attach the completed Vestry Recommendation form (if active in a parish).
4. Submit a short (less than 200 words) typed description of the program for which you are applying, answering the following questions:
 - a. How will this experience benefit you and the congregation you serve?
 - b. How will specific objectives of the program support your professional goals and the goals of the Diocese of East Carolina?
 - c. How do you imagine sharing your experience in the Diocese?
 - d. What criteria will you consider in your evaluation of the program once completed?

Grant Request amount: \$ _____

Parish/Agency contribution: \$ _____

Personal contribution: \$ _____

Total cost of program: \$ _____

I accept the conditions specified above and agree to provide a written evaluation report (see page 3 for instructions) on completion of the program for which I am requesting funding, to include receipt(s) up to or exceeding the amount of the grant.

Signed: _____ Date: _____

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(Revised June 2019)

Vestry Recommendation Form

*(Retired Clergy **not** actively serving a parish may dispense with this requirement)*

This is to inform the Committee for Clergy Continuing Education of the Diocese of East Carolina that The Vestry of (parish) _____ recommends the application for funding for the continuing education plans of (clergy) _____ who has our approval to participate in the following program:

Title: _____

Place: _____

Dates: _____

We agree to fund 1/3 of the cost of the program in the following amount: _____

Signature: _____

Title: _____

Date: _____

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Evaluation Report Instructions

This report should be in the form of a typed narrative (less than 500 words) and sent to the Chair of the Committee on Clergy Continuing Education within 60 days of the completion of the program for which funding has been received. Please use the criteria for evaluation specified in your original application and address the following in your narrative:

1. Give a reasonably detailed description of the program.
2. Evaluate the program's worth to you personally and professionally.
3. How did the program fulfill your expectations (or not)?
4. How do you anticipate your experience of the program might be expressed in your ministry now or in the future?
5. How can any value in your experience be made more widely available to others?
6. What other comments do you have about your experience?
7. As a result of this experience, what further continuing education do you look forward to?

Signature: _____ Date: _____