

*-Episcopal Diocese of Maryland  
Continuing Education Grant Request*

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

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

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

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your congregation and location: \_\_\_\_\_

Occupation or parish/church agency affiliation: \_\_\_\_\_

Title of Continuing Ed. program: \_\_\_\_\_

Brief description of the program (attach a copy of brochure/course description if available):

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

Name and address of organization sponsoring this program:

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

Location of program: \_\_\_\_\_

Dates of program: \_\_\_\_\_

In reflecting on my ministry, I wish to participate in this education experience in order to:

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

Date funds are needed (please note that checks are made payable to sponsoring organization):

ESTIMATED PROGRAM COSTS/AVAILABLE RESOURCES

Program costs for applicants:		Resources:	
Tuition/Fees	\$ _____	Personal contribution	\$ _____
Room & Board	\$ _____	Parish/Agency subsidy	\$ _____
Total Program	\$ _____	Other	\$ _____
Travel	\$ _____	<b>Total Request</b>	<b>\$ _____</b>

Diocesan funds are not available for travel expenses, and are requested so the Committee can make decisions on basis of need.

**SIGNATURE OF APPLICANT:**

I understand that there is a strict limitation to Diocesan Continuing Education funds, and that grants are made only to those members of the Diocese who demonstrate a strong desire to enhance their personal ministries. I further understand that these grants do not normally exceed fifty percent of the cost of the program. I agree to submit a written evaluation of my experience at the conclusion of the program. In light of these considerations, I am requesting a grant of the above stated amount.

(Signed) \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF SPONSOR (Rector or Vicar for laity, Warden or Bishop for clergy):**

I understand that there is a strict limit to Diocesan continuing Education funds, and hereby endorse this application for assistance with the understanding that grants are made to aid those who cannot participate in continuing education programs without assistance.

(Signed) \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's relationship to applicant: \_\_\_\_\_

Please return this completed form to:  
Dawn M. Kline  
The Ministry Office  
The Diocese of Maryland  
4 East University Parkway  
Baltimore, MD 21218-2437

Your questions may be answered by calling:  
410-467-1399  
1-800-443-1399