

# The Episcopal Diocese of Montana

## Application for a Continuing Education Grant

( ) VIM CE

( ) Missioner Clergy CE

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Church \_\_\_\_\_ Length of time in diocese \_\_\_\_\_

If Lay, occupation \_\_\_\_\_ Education level \_\_\_\_\_

Describe the continuing education program you wish to undertake.

\_\_\_\_\_

\_\_\_\_\_ Lo

cation \_\_\_\_\_ Dates \_\_\_\_\_

Is this program recommended by the Examining Chaplains? \_\_\_\_\_

Is this program recommended by your parish evaluation committee? \_\_\_\_\_

How does this education fit in with your long range ministry goals? (Use extra paper if necessary) \_\_\_\_\_

\_\_\_\_\_

When did you last receive a VIM CE grant? \_\_\_\_\_

When did you last receive a Missioner Clergy education grant? \_\_\_\_\_

Estimated Cost:

Funds provided by:

Travel \_\_\_\_\_

Self \_\_\_\_\_

Tuition \_\_\_\_\_

Parish \_\_\_\_\_

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

Diocese/Mission Clergy \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_

Amount Requested from VIM - CE \_\_\_\_\_

Amount requested from Missioner Clergy Education Fund \_\_\_\_\_

*(Normally VIM will cover up to 50% of the cost; Missioner Clergy Education Fund up to 25%)*

Applicant's Signature \_\_\_\_\_

This proposal was presented to the Vestry on \_\_\_\_\_ and was approved.

\_\_\_\_\_

Priest, Warden, or Clerk

COM Action: Approved/Disapproved Date \_\_\_\_\_ Amount \_\_\_\_\_

COM Chair Signature \_\_\_\_\_

**Return form to: The Episcopal Diocese of Montana, PO Box 2020, Helena MT 59624-2020**