

The Episcopal Diocese of Montana

APPLICATION FOR A CONTINUING EDUCATION OR EDUCATION FOR MINISTRY GRANT

() VIM CE

() EFM Grant

PLEASE PRINT

Name: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____

Church: _____ Length of Time in Diocese: _____

Occupation _____ Education Level: _____

Location of Event: _____ Dates: _____

Please answer the following questions. Use a separate page, if necessary. Attach any appropriate brochures or other information.

1. Describe the continuing education program you wish to undertake.

2. How does this education fit in with your long range ministry goals? How will it benefit your ministry?

3. How will this education benefit the local congregation and/or the Diocese?

4. When did you last receive a VIM CE grant? _____

Estimated Cost:

Travel _____

Tuition _____

Room/Board _____

Other _____

Total _____

Funds provided by:

Self _____

Parish _____

VIM - CE Total Amount Requested: \$ _____

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
515 North Park Avenue
Helena MT 59601

Attn: CE Grants, The Rev. Brenda McLellan