

**GRANT APPLICATION FOR CONTINUING EDUCATION
FOR LAY PROFESSIONALS ACTIVELY SERVING IN CONGREGATIONS
AND INSTITUTIONS OF THE DIOCESE OF WEST TEXAS**

TO: Kirk Mason

Application Date: _____

Date Funds are needed: _____

FROM:

Name: _____

Address: _____

Telephone #: _____

FINANCIAL STATEMENT:

Costs

Tuition & Fees \$ _____

Board \$ _____

Room \$ _____

Travel (airline) \$ _____

Travel (car/auto) \$ _____

Other \$ _____

Total Cost: \$ _____

Resources

Personal Contributions \$ _____

Parish Subsidy \$ _____

Grant Request \$ _____

PROGRAM DESCRIPTION

1. **FOR GRANT NOT TO EXCEED \$500.** GIVE A BRIEF DESCRIPTION OF THE PROGRAM. STATE WHEN AND WHERE IT WILL TAKE PLACE, AND HOW IT WILL ENHANCE YOUR MINISTRY.

2. EVALUATION REQUIRED ON ALL GRANTS

I will submit a brief post-activity evaluation to the Committee on Continuing Education by

_____ which will describe:

- a). What was good about the program
- b). What was disappointing about it
- c). Whether I would recommend it to other clergy

(Signature of Applicant)

(Signature of Rector)

3. COMMITTEE ACTION

Grant Approved _____

Grant Disapproved because _____

4. _____
Committee Signatory