

CONTINUING EDUCATION GRANT APPLICATION FOR CLERGY
DIOCESE OF KENTUCKY
COMMISSION ON MINISTRY
(Please print or type)

NAME _____
(Last) (First) (Middle)

MAILING ADDRESS _____

PARISH _____

TELEPHONE _____ (Day) _____ (Evening)

NAME OF PROGRAM _____

Sponsoring Agency _____

Location _____

Program Dates: Begin _____ End _____

ATTACH LITERATURE RELEVANT TO THE PROGRAM/COURSE.
Give a brief description of this course:

What attracted you to this program?

How do you plan to use this education in your ministry?

How might this course affect your personal growth?

What other programs did you consider?

FINANCIAL INFORMATION:

What other sources of financial aid outside of this diocese are available for this purpose?

What has been the response to your application for these funds?

PROGRAM COSTS (Please be specific)

Tuition _____
Travel _____
Air _____
Car _____
Room & Board _____
Other Expenses _____
(Please list) _____

TOTAL COSTS _____

RESOURCES

Personal Contribution _____
Parish Subsidy _____
Other _____

TOTAL RESOURCES _____

TOTAL REQUESTED _____

DATE FUNDS NEEDED _____

HAVE YOU EVER RECEIVED FUNDING FOR CONTINUING EDUCATION FROM THE COMMISSION ON MINISTRY?

YES _____ NO _____

PAST CONTINUING EDUCATION

Program Location Yr Total Personal Parish COM
Funds Funds Funds Funds

Program	Location	Yr	Total Funds	Personal Funds	Parish Funds	COM Funds
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

Signature: _____

Date: _____

(For office use only)

DATE APPLICATION RECEIVED _____

DATE(S) APPLICATION ACTED UPON _____

DATE OF NOTIFICATION

PHONE _____ LETTER _____

BY WHOM _____

DATE FUNDS REQUESTED _____

DATE CHECK SENT _____

EVALUATION RECEIVED _____