Congregational Education Grant Request Form

Please Print or Type
Date: ____/____/______
Church: ____________________________

Contact person: ______________________ Title: ______________________
Address: ___________________________________________________________________
Telephone: Day: __________________ Evening: ___________________________
Email Address: _______________________________________________________________

We have discussed this continuing education program with: (check one or more)
[ ] The Bishop [ ] Priest [ ] Vestry [ ] Ministry Developer [ ] Other ______________________

Letter of support and acknowledgement from Vestry or Bishop’s Committee. (required) [ ] Yes or [ ] No
MUST HAVE A LETTER OF SUPPORT FROM VESTRY ATTACHED, SIGNED BY AT LEAST 2/3 OF
ALL VESTRY MEMBERS

DESCRIPTION OF EDUCATION PROGRAM
State the name, location, purpose and length of this program. Include names and descriptions of the credentials
of the primary presenters or resource persons, and a general outline of the activities planned, including a rough
schedule. Also attach a copy of the registration form and descriptive literature of this program.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

HOW DO YOU SEE THIS PROGRAM BENEFITING: (1) YOUR LOCAL CONGREGATION, AND
(2) THE DIOCESE? Rationale for the Event (include how the need for this event was identified, a description
of the need, how this event will meet the identified need, and how it will enhance, develop or extend the
ministries of the congregation).

(1)___________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

(2)___________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

(3)___________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
EVALUATION BY PARTICIPANTS AND EVALUATION BY A TEAM FROM THE LOCAL CONGREGATION IS REQUIRED. PLEASE OUTLINE A SPECIFIC PROCESS BY WHICH BOTH EVALUATIONS WILL BE ACCOMPLISHED. How will the effectiveness and value of this event be determined?

Participants Evaluation:
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Team Evaluation:
________________________________________________________________________________________
________________________________________________________________________________________

NAMES OF THE CONGREGATION’S EVALUATION TEAM: (Minimum of three individuals)
1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________
5. ________________________________________________
6. ________________________________________________

PROPOSED BUDGET OF THIS CONTINUING EDUCATION PROGRAM
The cost of continuing education will be shared between the Diocese of Wyoming and the congregation making the request. Funding for all continuing education grants is made possible through the Continuing Education Assessment paid by each congregation. The Diocese will provide 50% of the total expense up to a maximum grant of $ 2,000 per congregation.

EXPENSES:
Travel ................................................................. $________
Lodging ............................................................... $________
Meals ................................................................. $________
Presenter Fees ..................................................... $________
Other … (Please Describe) ........................................ $________
TOTAL COST .......................................................$________

GRANT REQUESTED (50% of the above total, not to exceed $2,000.00) ........... $________

Submit all requests to:
Commission on Ministry, Episcopal Diocese of Wyoming, 123 S. Durbin St., Casper, WY, 82601 or by Email to : jessica@wyomingdiocese.org, attn: COM
Grants received three days prior to monthly meetings will be considered by the COM when they meet.
• See “COM Guidelines for the Awarding of Continuing Education Grants” for limitations and details.
• A report is required within 60 days of the completion of the program. – See “Report Guidelines for Congregational Grants.”