



**DIOCESE OF SOUTHERN VIRGINIA  
COMMITTEE ON CONTINUING EDUCATION FOR CLERGY**  
**Grants are considered twice a year: April 1 and October 1**

**APPLICATION FOR A GRANT**

Confidential: For use of committee only

Date of application: \_\_\_\_\_

NAME \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CHURCH NAME & ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CHURCH TELEPHONE \_\_\_\_\_

DATE OF ORDINATION: TO DIACONATE \_\_\_\_\_ TO PRIESTHOOD \_\_\_\_\_

PRESENT POSITION \_\_\_\_\_

YEARS IN PRESENT POSITION \_\_\_\_\_ YEARS IN DIOCESE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

NO. OF CHILDREN \_\_\_\_\_ THEIR AGES \_\_\_\_\_

PAYING TUITION OR SUPPORTING ANY CHILDREN IN COLLEGE? \_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ANY OTHER INFORMATION PERTINENT TO THIS SECTION YOU FEEL THE  
COMMITTEE SHOULD KNOW (e.g., unusual family expenses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES SPOUSE WORK OUTSIDE THE HOME? \_\_\_\_\_

REGARDING THE EDUCATIONAL EVENT YOU PROPOSE, PLEASE PROVIDE THE FOLLOWING:

COURSE TITLE OR EVENT \_\_\_\_\_

\_\_\_\_\_

LOCATION \_\_\_\_\_

DATES \_\_\_\_\_

IF A VARIED SABBATICAL, PLEASE DESCRIBE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT ARE YOUR SPECIFIC LONG-RANGE CONTINUING EDUCATION GOALS AND HOW DOES THIS PROGRAM FIT INTO THESE GOALS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT HAVE YOU DONE IN CONTINUING EDUCATION TOWARD FULFILLING YOUR GOALS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IS THIS A NEW DIRECTION FOR YOU? \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN THROUGH A "MID-CAREER ASSESSMENT" CONDUCTED BY

A PROFESSIONAL AGENCY EQUIPPED TO DO SUCH AN ASSESSMENT? \_\_\_\_\_

IF SO, WHERE AND WHEN? \_\_\_\_\_

HAVE YOU RECEIVED A GRANT FROM THIS COMMITTEE BEFORE? \_\_\_\_\_

IF YES, DATE OF LAST GRANT \_\_\_\_\_ AMOUNT RECEIVED \$ \_\_\_\_\_

CONCERNING THIS REQUEST, WHAT IS THE BASIC COST OF THE EVENT ITSELF? ..... \$ \_\_\_\_\_

GIVE INFORMATION ON OTHER COSTS YOU KNOW ABOUT OR ANTICIPATE, SUCH AS:

TRANSPORTATION ..... \$ \_\_\_\_\_

ROOM AND BOARD ..... \$ \_\_\_\_\_

BOOKS..... \$ \_\_\_\_\_

BE SPECIFIC WITH DETAILS IF ANY ADDITIONAL COSTS:

\_\_\_\_\_  
..... \$ \_\_\_\_\_

SUBTOTAL OF THESE COSTS .... \$ \_\_\_\_\_

GRAND TOTAL ..... \$ \_\_\_\_\_

PORTION YOUR PARISH/INSTITUTION WILL PAY \$ \_\_\_\_\_

PORTION OF THE COSTS YOU WILL PAY \$ \_\_\_\_\_

MONEY FROM OTHER SOURCES \$ \_\_\_\_\_

AMOUNT REQUESTED FROM THIS COMMITTEE \$ \_\_\_\_\_

TOTAL (should equal grand total above) \$ \_\_\_\_\_

ANY ADDITIONAL COMMENTS YOU THINK WOULD HELP THE COMMITTEE IN  
MAKING ITS DECISION ON YOUR APPLICATION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:**

***A COURSE EVALUATION REPORT IS REQUIRED WITHIN THE THIRTY DAYS FOLLOWING COMPLETION OF THE EVENT SUPPORTED BY THIS GRANT (FORM IS ATTACHED).***

SIGNATURES FOR THE ABOVE APPLICATION FOR A GRANT FROM THE  
CONTINUING EDUCATION FOR CLERGY COMMITTEE:

CLERGY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SENIOR WARDEN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR COMMITTEE USE:

TOTAL NUMBER OF APPLICATIONS BEING CONSIDERED \_\_\_\_\_

TOTAL DOLLARS REQUESTED BY APPLICATIONS RECEIVED....\$ \_\_\_\_\_

FUNDS AVAILABLE TO SUPPORT THESE REQUESTS.....\$ \_\_\_\_\_

AMOUNT OF THIS GRANT REQUEST.....\$ \_\_\_\_\_

GRANT APPROVED BY COMMITTEE ACTION.....\$ \_\_\_\_\_

DATE COURSE EVALUATION REPORT RECEIVED \_\_\_\_\_