

APPLICANT NAME	DATE	CLERGY <input type="checkbox"/>	LAY <input type="checkbox"/>
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SUPPORTING INFORMATION [PLEASE ATTACH ADDITIONAL INFO, IF NEEDED]

HOW LONG HAVE YOU BEEN IN YOUR PRESENT CONGREGATION?

WHAT IS/ARE YOUR CURRENT ROLE(S) AND INVOLVEMENT IN CHURCH ACTIVITIES?

WHY HAVE YOU CHOSEN THIS PARTICULAR EVENT?

WHAT SKILLS AND/OR INSIGHTS DO YOU EXPECT TO ACQUIRE?

THE KNOWLEDGE GAINED WILL SUPPORT MY MINISTRY IN THESE WAYS:

SHORT TERM-

LONG TERM-

THIS EVENT AND THE KNOWLEDGE GAINED WILL SUPPORT THE FOLLOWING DIOCESAN MISSION GOALS & OBJECTIVES:

#1 SPIRITUAL RENEWAL #2 YOUNG PEOPLE #3 OUTREACH

#4 HOSPITALITY & INCORPORATION #5 CONGREGATIONAL DEVELOPMENT #6 DIOCESAN STRUCTURES & RESOURCES

WHAT PERSONS OR GROUPS HAVE YOU CONSULTED ABOUT THIS EVENT?

CHRISTIAN EDUCATION/FORMATION COMMITTEE CONGREGATION CLERGY BISHOP

SCHOOL OF MINISTRY CONVOCATION WARDEN SENIOR WARDEN VESTRY

OTHERS [PLEASE EXPLAIN]

REVIEW & SIGNATURES

PLEASE REFER TO THE POLICIES AND PROCEDURES FOR GRANTS BEFORE COMPLETING AND SUBMITTING THIS APPLICATION.
SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE GRANTS COMMITTEE CHAIR OR YOUR CONVOCATION LAY WARDEN.

TO BE ELIGIBLE FOR CONSIDERATION, APPLICATIONS MUST HAVE ANY REQUESTED SIGNATURES
AND BE RECEIVED BY THE COMMITTEE CHAIR AT LEAST ONE (1) MONTH BEFORE THE EVENT STARTING DATE.

THANK YOU FOR YOUR COOPERATION AND MINISTRY!

[PLEASE ENTER SIGNATURES, DATE AND PRINTED NAMES ABOVE THE LINES AS APPROPRIATE]

SIGNATURE OF APPLICANT _____ DATE _____

PRINTED NAME OF APPLICANT _____

SIGNATURE OF CLERGYPERSON OR SENIOR WARDEN _____ DATE _____

PRINTED NAME OF CLERGYPERSON OR SENIOR WARDEN _____

SIGNATURE OF CONVOCATION LAY WARDEN _____ DATE _____

PRINTED NAME OF CONVOCATION LAY WARDEN _____