



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

TO: Melissa Soderberg
melissa.soderberg@dwtx.org

Application Date: _____
Date Funds are needed: _____

Applicant Name: _____
Mailing Address: _____
Telephone Number: _____
Email Address: _____

FINANCIAL STATEMENT:

Costs

Tuition & Fees	\$ _____
Board	\$ _____
Room	\$ _____
Travel (air fare)	\$ _____
Travel (car/auto)	\$ _____
Other	\$ _____
Total Cost:	\$ _____

Resources

Personal Contributions*	\$ _____
Parish Subsidy*	\$ _____
Grant Request	\$ _____

***Note:** The criteria for grants require both the Lay Professional and their church to contribute financially towards the cost of the Continuing Education.

PROGRAM DESCRIPTION:

For a 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.

REQUIRED EVALUATION FOR ALL CONTINUING EDUCATION 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 others

(Signature of Applicant)

(Signature of Rector/Vicar)

COMMITTEE ACTION

Grant Approved: _____.

Grant Disapproved because: _____.

Committee Signatory