

**Diocese of Southeast Florida
GRANT FUND
CLERGY CONTINUING EDUCATION**

2008 APPLICATION FORM

NAME _____

ADDRESS _____

PHONE _____

DATE _____

Title of Course/Program for which grant is requested:

Dates of Course/Program (beginning and end):

Place where Course/Program is offered:

Sponsoring Institution:

[Please include a written statement with this application explaining how the proposed course/program will affect your total ministry, the skills you hope to acquire, and how you intend to use them.]

List your itemized budget for this program (include tuition, books, room, board, travel):

What portion of this expense will you personally assume?

It is expected that both clergy and congregation will share the cost. Therefore, what portion will the congregation assume?

Amount of Grant requested: _____

Deadline by which grant is requested: _____

Are you in the Diocesan Matching Fund Program? _____

If so, do you plan to use those monies for this program? _____

Please send your written evaluation of the program to Cris Valdes, at the Diocesan Office, within two weeks after completion of the program.

APPLICATIONS ARE TO BE MAILED TO:

Cris Valdes
Chief Operating Officer
Diocese of Southeast Florida
525 NE 15th Street
Miami, Florida 33132