

APPLICATION FOR DIOCESAN CONTINUING EDUCATION SUPPORT

Name _____

Address _____

Telephone _____

Name of Continuing Education Event _____

Location _____

Purpose _____

Relevance to Current Ministry of Applicant _____

Total Cost of Continuing Education Event _____

Total Funding from Congregation _____

Total Funding from Applicant _____

Total Requested from Diocese _____

Please attach continuing education brochures or other relevant information.

Amount Approved _____

Approved By _____

Date _____