

Presbytery of Great Rivers

CONTINUING EDUCATION GRANT APPLICATION

Name: _____

Date: _____

Address: _____

Present position: _____

For what specific program are you seeking a grant? _____

Dates and location of program: _____

(If the program meets several times over a given period, please be specific.) _____

Have you been accepted for this program? _____ Yes _____ No

Does this program lead to a degree or certification? _____ Yes _____ No

If so, what and when? _____

Cost of program for this year: _____

(If you are traveling with your family, include costs for yourself only. No funds are available for family lodging, meals etc.)

Amount of your yearly continuing education allowance: _____

A. Congregation's contribution: _____

B. Your Contribution: _____ *(including your Continuing Education allowance)*

C. What amount do you seek from presbytery? _____

Have you received monies in the past for this particular educational program? _____ Yes _____ No

If yes, for what years? _____

How will you share with others the skills and knowledge you gained through your program? _____

Anything else you would like us to know? _____

This money is to be used only for the program listed above

Signature: _____

Date: _____

The session of the _____ Church recognizes and approves of this continuing education for _____.

*Signature of Clerk: _____

Date: _____

*If you are an at large member of presbytery, please have this application endorsed and signed by the session of the congregation in which you are worshipping.

Committee on Ministry Approval: _____

Date: _____

Send **original** to the presbytery office at
3601 N Sheridan Road, Peoria, IL 61604
Retain a copy for your personal file

<i>FOR PRESBYTERY OFFICE USE ONLY</i>
DATE RECEIVED: _____
COM APPROVED: _____
CHECK MAILED: _____