

**DIOCESE OF WESTERN MASSACHUSETTS
APPLICATION FOR GRANT FOR STUDY
LEAVE FOR DIOCESAN PRIESTS**

FOR OFFICE USE ONLY

NAME _____ PHONE _____

ADDRESS _____

Received _____
Approved by Bishop _____
Amount _____
Check Sent _____
Evaluation Received _____

The Bishop requests the following information to evaluate your application for a diocesan grant.

1. I have been canonically resident in the Diocese of Western MA since _____
(date and year)
2. I have been serving _____ since _____
(parish, mission, or diocesan staff position) (date and year)
3. Is this your first application for a study leave? _____
If not, what was the date of your last study leave? Year _____ Months _____
4. Your study leave and vacation schedule:
 - A. I plan to commence my leave on _____ (date and year)
 - B. I plan to conclude my leave on _____ (date and year)
 - C. Do you plan to take your vacation in conjunction with your study leave?
Yes _____ No _____
 - D. If yes, what portion of the study leave program will be chargeable to your usual vacation? _____
 - E. If no, when will you take your vacation? _____
5. I have advised the parish of my intention to apply for this leave. I have received the Vestry's approval.
Date of vestry meeting _____
Signature of Clerk _____
6. In preparation for this leave, I have made the following tentative arrangements with the Parish, supply clergy, my family, etc.:

10. During my leave, my employer will continue paying my: (check those applicable)

_____ Salary	_____ Housing Allowance (or Equity Fund)
_____ Car Allowance	_____ Pension Contribution

11. The following is the budget proposed for supply clergy during my absence:

Salary \$ _____ Car \$ _____ Housing \$ _____ Other \$ _____

(The parish will budget up to \$1,000 for supply clergy during the priest's leave)

12. The following is the budget proposed for my study leave:

A. **Expenditures***

B. **Resources**

Transportation \$ _____

Parish Grant to You \$ _____

Housing \$ _____

Personal Contribution \$ _____

Tuition \$ _____

Other Grants \$ _____

Other \$ _____

Other Sources \$ _____

TOTAL EXPENDITURES \$ _____

MINUS RESOURCES \$ _____

DEFICIT \$ _____

(The parish will provide \$2,500 in expense money to the priest)

C. AMOUNT OF DIOCESAN GRANT REQUESTED FOR YOUR PROGRAM ** \$ _____

* Please explain these expenditures in detail below and on an attached sheet if necessary

** Not to exceed \$2,500

RETURN TO: The Rev. Canon Sarah Shofstall
 Diocese of Western Massachusetts
 37 Chestnut Street
 Springfield, MA 01103