

**Diocese of Western Massachusetts
Springfield, MA 01103**

REQUEST FOR WORKSHOP OR ACADEMIC COURSE APPROVAL

Person Requesting Approval

Name _____ Parish _____

Address _____

City _____ State _____ Zip _____

Telephone (work) _____ (home) _____

E-mail _____

Information about the Continuing Education Event

Title of Event _____

Date of Event _____

Site of Event _____

Type of Event workshop seminar mini-course
 academic course other _____

Number of Contact Hours _____

Number of Semester Hours (if applicable) _____

Please attach a copy of a course description, syllabus, or brochure that provides the following information:

- ❖ Goal of the workshop or course
- ❖ Outline of the workshop or course content

If you are applying for Financial Assistance from the Diocese, please complete the information on page 2 of this form. PROOF OF PAYMENT for course, travel, etc. MUST accompany this form.

Return this form to:

The Rev. Canon Sarah Shofstall
Diocese of Western Massachusetts
37 Chestnut Street
Springfield, MA 01103-1787

For Diocesan Office Use Only

Received: _____

Approved by the Bishop: _____

Amount: _____

Check Sent: _____

Application for Diocesan Continuing Education Grant

Total Anticipated Costs for this Program:

Tuition: _____

Room and Board: _____

Books and Misc: _____

Travel (specify): _____

Total: _____

Plan for underwriting these costs:

Parish: _____

Self: _____

Diocesan C.E. Grant: _____

Other (specify): _____

Total: _____

*** Please list dollar amounts ***

Grants may be given up to \$500. It is expected that 1/3 of total cost will be paid by the Parish, 1/3 by the applicant and 1/3 considered for Diocesan Continuing Education Grant.

Does your rector and/or Vestry endorse this program? _____

Date of Vestry Meeting at which endorsement was given: _____

Signature of Clerk: _____

Signed: _____ **Date** _____