REQUEST FOR WORKSHOP OR ACADEMIC COURSE APPROVAL

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Person Requesting Approval

Name ___________________________________________ Parish ___________________________
Address ____________________________________________________________________________
City _______________________________________ State_______ Zip _____________________
Telephone (work) ________________________ (home) __________________________________
E-mail ______________________________________________________________________________

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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:

Karen Warren, Administrative Assistant
Diocese of Western Massachusetts
37 Chestnut Street
Springfield, MA 01103-1787
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: _____________________________  * Please list dollar amounts *
- Diocesan C.E. Grant: _______________
- Other (specify): ____________________

Total: _____________________________

Grants may be given up to $1000. 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 _________________________