

Continuing Education
Grant Application
(Submit to Randy Barnhardt, Diocesan Administrator)

Name _____ Phone _____

Address _____

Parish _____

Description of Program (Attach brochure if possible):

Location:

Date(s):

EXPENSES	
Program Cost	\$ _____
Room & Board	\$ _____
Travel	\$ _____
Other (specify below)	\$ _____

TOTAL EXPENSES \$ _____

State specific objectives of program in relation to your professional goals and potential benefit to you personally and to the Church and Diocese.

Signature of Requestor

Date

Signature of Sr. Warden/Bishop's Warden
and/or Supervisor

Date