

EPISCOPAL DIOCESE OF RHODE ISLAND

CONTINUING EDUCATION COMMITTEE

Request for Sabbatical Grant

Please type or print

Name _____

Address _____

Phone Office: _____ Home: _____

Fax: _____

e-mail _____

Employer _____

Present Ministry

Parochial _____

Non-parochial _____

Diocesan Assignments _____

Other _____

Total years of service _____

Dates of previous sabbaticals _____

Years of service since previous sabbatical _____

Proposed dates of Sabbatical: _____

Support:

Date of Vestry Approval: _____

Comments:

Date of Committee of the Congregation (or Wardens): _____

Comments:

Date of support by Bishop and/or Canon to the Ordinary: _____

Comments:

Sabbatical Budget:

- Tuition/Fees _____
- Books/Materials _____
- Room/Board _____
- Travel _____
- Other _____
- Total Cost** _____

To be paid by applicant _____

To be paid by employer _____

To be paid by other sources _____

Amount requested from
the Committee _____

Total (must equal cost above) _____

Check to be made out to _____

Describe the design, rationale and goals of your proposal, and an evaluation component. Please indicate any special materials required and any related travel. Explain how the experience will enhance your ministry, and the ministry of the community you serve.

I agree to the following grant conditions:

- If I do not carry out and complete the activity for which this assistance is requested, I will immediately return the funds to the Treasurer of the Diocese.
- I will submit to the Committee a written evaluation of the activity within 30 days of its completion, and I will submit a brief article for publication in RISEN to the editor within 60 days of my return.

I further understand that upon return from a sabbatical I will be expected to continue in my current appointment/employment for at least one year.

Signature _____ Date _____

Return this form to:

**Sabbatical Committee
Episcopal Diocese of Rhode Island
275 North Main Street
Providence, RI 02903**