

EPISCOPAL DIOCESE OF RHODE ISLAND

CONTINUING EDUCATION COMMITTEE

Request for Continuing Education Assistance (9/01)

Please type or print

Name _____

Address _____

Phone Office: _____ Home: _____

Fax: _____

e-mail _____

Employer _____

Present Ministry

Parochial _____

Non-parochial _____

Diocesan Activities _____

Other _____

Activity

- Retreat _____
- Program _____
- Course _____
- Workshop _____
- Seminar _____
- Conference _____
- Other _____

Conference/Event Title (s)

Institution/Organization _____

Date (s) of activity _____

Description of the activity (indicate special materials required and related travel)

Expenses

- 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) _____

If the amount requested is more than 1/3 of the total cost, please explain _____

Check to be made out to _____

Please explain how this opportunity will benefit your ministry, and the ministry of others

I agree that, 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 agree to submit to the Committee a written evaluation of the activity within 30 days of its completion., and copies of any course materials which could be useful to other clergy. If Sabbatical, I will submit a brief articles for publication in RISEN to the editor within 60 days of my return (with pictures, if possible).

Signature _____ **Date** _____

Please return this form to

Committee for Continuing Education
Episcopal Diocese of RI
275 North Main St.
Providence, RI 02903