

DIOCESE OF SOUTHEAST FLORIDA

Application for a Continuing Education Grant

Date _____

Name _____

Church _____

City _____

Describe the continuing education program you wish to undertake.

Estimated Cost:

Travel \$ _____

Tuition _____

Room/Board _____

Other _____

Total \$

Funds provided by:

Self \$ _____

Parish \$ _____

Amount Requested from Matching Fund \$ _____

Amount Requested from Grant Fund \$ _____

Applicant's Signature _____

This proposal was presented to the Vestry on _____ and was approved.

Treasurer

Return form to: Diocese of Southeast Florida, 525 NE 15 Street, Miami, FL 33132