



EPISCOPAL
CHURCH OF NH

Committee for the Continuing Education of the Clergy
The Episcopal Church of New Hampshire
63 Green St. – Concord, NH 03304

CONTINUING EDUCATION GRANT APPLICATION

Date of Application: ____ / ____ / ____

Personal Information

Your Name: _____

Your Parish: _____

Your Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Continuing Education Event You Plan to Attend

Name of Program: _____

Location: _____ Dates of attendance: _____

Description of Program:

☐ Please provide web link or attach pdf file of scanned brochure to the email.

Cost of Program: _____ Are scholarships available? _____

Please briefly tell us why you think this program would be beneficial to you and to the church.

Continuing Education Grant Application

Listed below are the financial details of my grant request:

Expenditures:

Travel: _____

Housing: _____

Meals: _____

Tuition / fees: _____

Books, etc.: _____

Other: _____

Resources:

Parish Contribution: _____

Personal Contribution: _____

Other grants / resources _____

Total expenditures: _____

Total resources: _____

Final Amount Requested

Total expenditures planned: _____

(less) Total resources: _

Requested grant amount _____

Please file this application electronically, via email to:

The Rev. Richard Greenleaf, Coordinator
Clergy Continuing Education Grants Committee
regreenleaf@comcast.net