

**The Continuing Education Sub-Committee
of the Commission on Ministry**

Name _____

Address _____

Daytime Phone _____ E-mail _____

Rector/Vicar Endorsement (for laity only) _____

Name and Location of Program _____

Description of Program

How will this program enhance your ministry?

Funding Sources

Congregation \$ _____

Self \$ _____

Other (name source) \$ _____

Grant Request \$ _____

Total \$ _____

Due Date May 31