



The Episcopal Church in Wyoming

Congregational Education Grant Request Form

OFFICE USE - Revised 10/17/2017	
____/____/____ Date Rec'd	\$_____.____ Amt. Requested
____/____/____ Date Granted	\$_____.____ Amt. Granted
Check Number # _____	

Date: ____/____/____

Church: _____

Contact person: _____ Title: _____

Address: _____

Telephone: _____ Email Address: _____

We have discussed this continuing education program with: (check one or more)
 The Bishop Priest Vestry Ministry Developer Other _____

Letter of support and acknowledgement from Vestry or Bishop's Committee. Yes or No
MUST HAVE A LETTER OF SUPPORT FROM VESTRY ATTACHED, SIGNED BY AT LEAST 2/3 OF ALL VESTRY MEMBERS

Description Of Education Program

State the name, location, purpose and length of this program. Include names and descriptions of the credentials of the primary presenters or resource persons, and a general outline of the activities planned, including a rough schedule. Also attach a copy of the registration form and descriptive literature of this program.

How Do You See This Program Benefiting? (1) your local congregation, and (2) the diocese?
Rationale for the Event (include how the need for this event was identified, a description of the need, how this event will meet the identified need, and how it will enhance, develop or extend the ministries of the congregation).

(1) _____

(2) _____

EVALUATION BY PARTICIPANTS AND EVALUATION BY A TEAM FROM THE LOCAL CONGREGATION IS REQUIRED. PLEASE OUTLINE A SPECIFIC PROCESS BY WHICH BOTH EVALUATIONS WILL BE ACCOMPLISHED. How will the effectiveness and value of this event be determined?

Participants Evaluation:

Team Evaluation:

NAMES OF THE CONGREGATION'S EVALUATION TEAM: (Minimum of three individuals)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PROPOSED BUDGET OF THIS CONTINUING EDUCATION PROGRAM

The cost of continuing education will be shared between The Episcopal Church of Wyoming and the congregation making the request. *Funding for all continuing education grants is made possible through the Continuing Education Assessment paid by each congregation.* The Diocese will provide 50% of the total expense up to a maximum grant of \$ 2,000 per congregation.

EXPENSES:

Travel	\$ _____
Lodging	\$ _____
Meals	\$ _____
Presenter Fees	\$ _____
Other ... (Please Describe)	\$ _____
TOTAL COST	\$ _____

GRANT REQUESTED (50% of the above total, not to exceed \$2,000.00)----- \$ _____

Submit all requests to: The Episcopal Church of Wyoming, 123 S. Durbin St., Casper, WY, 82601 or email to: Jessica Reynolds at: jessica@episcopalwy.org
 Grants received three days prior to monthly meetings will be considered by the COM when they meet.

- See "**COM Guidelines for the Awarding of Continuing Education Grants**" for limitations and details.
- A report is required within **60 days** of the completion of the program. – See "Report Guidelines for Congregational Grants."