



# The Episcopal Church in Wyoming

## Individual Education Grant Request Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Church: \_\_\_\_\_

Applicant: \_\_\_\_\_ Title: \_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Yes, I have checked the Diocesan Calendar to see if an event like this is being planned, or already scheduled.

I have discussed this continuing education program with: (check one or more)

The Bishop  Priest  My Vestry  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.

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How Do You See This Program Benefiting? (1) your personal ministry, (2) your local congregation, and (3) the diocese?

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**SELF-EVALUATION AND EVALUATION BY A TEAM FROM YOUR CONGREGATION ARE REQUIRED. PLEASE OUTLINE A SPECIFIC PROCESS BY WHICH BOTH EVALUATIONS WILL BE ACCOMPLISHED.**

**OFFICE USE-** Revised 10/17/2017

\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_  
Date Rec'd Amt. Requested

\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_  
Date Granted Amt. Granted

Check Number # \_\_\_\_\_

Self Evaluation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Team Evaluation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

PROPOSED BUDGET OF THIS CONTINUING EDUCATION PROGRAM

The cost of continuing education will be shared between the Diocese of Wyoming and the individual making the request. No assistance from your congregation is required because they have provided the Diocese with the funds to make these grants possible. **The Diocese will provide 2/3 of the total expense up to a maximum grant of \$1500.00 per individual.** (A maximum of \$600 if grant involves travel outside United States.)

EXPENSES:

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

**TOTAL COST** \_\_\_\_\_ **\$** \_\_\_\_\_

GRANT REQUESTED 2/3 of the above total (not to exceed \$1,500) \$ \_\_\_\_\_

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](mailto:jessica@episcopalwy.org)  
Grants received three days prior to monthly meetings will be considered by the COM when they meet.

- Grants received three days prior to monthly meetings will be considered by the COM when they meet.
- Your congregation's payment of its assessments must be current to submit a grant application.
- When several people plan to attend the same event each person must submit a separate request for a grant.
- No grants will be considered after a person has attended the event.
- A report is required within **60 days** of the completion of the program. – See "Report Guidelines for Individual Grants."

