

**Presbytery of Chicago  
Continuing Education Scholarship Application Form**

Date of Application \_\_\_\_\_

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you clergy: \_\_\_\_\_; Elder: \_\_\_\_\_; Deacon: \_\_\_\_\_; Other: \_\_\_\_\_

Name of Church or Specialized Ministry: \_\_\_\_\_

What is your annual study leave allowance, if any? \_\_\_\_\_

For parish clergy only: Has your Session approved your time off for this event? \_\_\_\_ Yes \_\_\_\_ No

**EVENT INFORMATION:**

Name of Event: \_\_\_\_\_ Dates: \_\_\_\_\_

Sponsoring Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Describe how this event provides for your Continuing Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST FOR FUNDING:** (TOTAL COST MUST BE FULLY ALLOCATED BETWEEN AMOUNTS FOR FUNDING AND SCHOLARSHIP REQUEST. ALL LINES MUST BE FILLED IN.)

**EVENT COSTS:**

Registration: \$ \_\_\_\_\_ Travel: \$ \_\_\_\_\_ Housing: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ Total Cost: \_\_\_\_\_  
(specify)

**MY FUNDING:**

Con Ed Allowance: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ Personal: \$ \_\_\_\_\_ Total Funding: \$ \_\_\_\_\_  
(specify)

I request \$ \_\_\_\_\_ from the Presbytery of Chicago (note: maximum grant is \$600 annually)

If approved, please make check payable to \_\_\_\_\_

**All requests for funding MUST include a copy of your event registration form, receipt, or validation of enrollment in an academic program to be approved.**

Office Use only: Approved \_\_\_\_ Date: \_\_\_\_ Amount: \_\_\_\_ Disbursement: \_\_\_\_\_