

**PROPOSAL FOR CLERGY CONTINUING EDUCATION GRANT
Episcopal Diocese of Mississippi**

Program Costs for Applicant

Tuition & Registration \$ _____
 Fees..... _____
 Board _____
 Travel..... _____
 Other:

Total Program Costs \$ _____

Other Costs

_____ \$ _____

Total Other Costs \$ _____

TOTAL PROGRAM AND
 OTHER COSTS \$ _____

Resources

Personal contribution..... \$ _____
 Local congregation _____
 Program funds from the
 Diocese other than Continuing
 Education grant _____
 Other:

TOTAL RESOURCES

(other than Clergy Continuing
 Education grant)..... \$ _____

REQUESTING A CLERGY

CONTINUING EDUCATION

GRANT OF..... \$ _____

*Date on which
 this grant is needed:* _____

 Signature of Applicant

 Social Security Number

 Date of Application

***Send proposal to:
 Mrs. Frances Christian ❖ 183 Annandale Parkway East ❖ Madison, MS 39110***