



Continuing Education Plan for Professional Leaders Advanced - Study Grant Application Form

Application Deadline: January 15

Submit completed application to: pgehrs@elcic.ca
or mail to: ELCIC, 600-177 Lombard Avenue, Winnipeg, MB R3B 0W5

Candidate Name: _____

Address: _____

City/Province/Postal Code: _____

Phone: _____ Email: _____

Current congregational membership: _____

Current call and/or staff position: _____

Application forms submitted for the CEP Advanced-Study Grant benefits must include the following (please check off each box to indicate that you have included it with your application):

- Current Curricula Vita or Resume

- Three Letters of Reference
 - Employer Representative including permission to engage in proposed study program
 - Synod Bishop or Designate (Rostered employees) or ELCIC Rostered Minister (Lay employees)
 - Other _____

- Completed Application Forms

- Budget for the Study Program Form (page 4)

- Financial Declaration Form (page 5)

Applicant: _____

Proposal Title: _____

This study program is related to the following degree or diploma programs:

Educational Institution: _____

Degree/Diploma: _____

Description of Study Program

Does this program involve a study leave? Yes No How long? _____

Proposed dates of study leave: _____

My individual goals to be addressed by this study program:

1.

2.

3.

I will measure my success in attaining these goals through:

1.

2.

3.

Employer/Congregational/Agency Goals Addressed by this study program:

1.

2.

3.

The major impact of this study program will be:

Short-term:

Long-term:

How does this proposed program support our church's mandate to be *In Mission for Others*?

Candidate's Signature: _____

Date: _____

Continuing Education Plan for Professional Leaders

Budget for Study Program

Expenses:

| A. Course/Workshop/Seminar | Expenses A | Rationale |
|----------------------------|------------|-----------|
| Tuition | | |
| Books | | |
| Total A: | | |

| B. Travel | No. of Kms | Expenses B | Rationale |
|-------------------------------|------------|------------|-----------|
| Personal vehicle: (\$0.40/km) | | | |
| Other: | | | |
| Airfare | | | |
| Bus | | | |
| Train | | | |
| Total B: | | | |

| C. Meals | No. of Days | Cost per Meal | Expenses C | Rationale |
|-----------------|-------------|---------------|------------|-----------|
| Breakfast | | | | |
| Lunch | | | | |
| Dinner | | | | |
| Total C: | | | | |

| D. Other Expenses | Expenses D | Rationale |
|-------------------|------------|-----------|
| | | |
| | | |
| | | |
| | | |
| Total D: | | |

| | |
|--|--|
| Total Expense for Study Leave (A+B+C+D) | |
|--|--|

Continuing Education Plan for Professional Leaders

Financial Declaration

Revenues

| | |
|---|--|
| Total Household Salary (study leave period) | |
| Funds from CEP Member Account | |
| Funds from Outside Sources: | |
| | |
| | |
| | |
| Total Revenue: | |

Expenses

| | |
|--|--|
| Housing: | |
| Mortgage/Rent | |
| Household Expenses: | |
| | |
| | |
| | |
| Transportation: (Other expenses that affect the candidate's ability to participate in study leave) | |
| | |
| | |
| | |
| Total Expenses: | |
| Total: Revenue less Expenses | |

Funds Requested: \$ _____

By signing this form, I confirm that this declaration is valid.

Candidates Signature: _____ Date: _____