The Office for Christian Formation offers continuing education grants to lay members of the diocese for the purpose of developing skills for ministry within their congregation and for mission to the world. (Ordained ministers have access to continuing education through other diocesan programs.)

These grants are awarded on a first-come, first-serve basis, are contingent on the availability of funds, and subject to the specific guidelines listed below.

- Grants are not normally awarded for events whose central purpose is personal spiritual growth.
- Grants are not intended to cover the full cost of a program, nor the personal expenses of an applicant (such as food and lodging). Normally, the applicant and his/her congregation are expected to contribute about one-third each.
- Grants are not normally awarded to multiple applicants from the same congregation for the same event.
- No individual will be awarded grants totaling over $750.00 in any three-year period.
- Grants are not normally awarded for programs conducted by one’s own parish clergy.

Applications for grants are reviewed monthly, and application must be received no later than 30 days prior to the event for which support is being sought.

A form is attached. Retain this page and the form for the required evaluation and mail the completed application to: Episcopal Diocese of Ohio c/o Antoinette Taylor Office for Christian Formation 2230 Euclid Avenue Cleveland, OH 44115-2499

A written evaluation is expected to be sent to the Christian Formation within two weeks of the completion of the event for which a grant has been made. (A form for this purpose is included.)
DIOCESE OF OHIO
APPLICATION FOR CONTINUING
EDUCATION GRANT
(LAITY)

YOUR NAME: ___________________________________ DATE: ______________

ADDRESS: ___________________________ PHONE (H): (___) _____________

CITY: ___________________ ZIP CODE: ______ PHONE (W): (___) _____________

EMAIL ADDRESS: ________________________________________________

NAME OF PROGRAM: _______________________________________________

LOCATIONS OF PROGRAM PRESENTER/COORDINATOR:

___________________________________________________________

PLEASE INCLUDE A COPY OF THE PROGRAM ANNOUNCEMENT, PROSPECTUS, OR OTHER DESCRIPTION

PROGRAM COSTS SOURCES OF INCOME

TUITION/FEES: ______________ SELF: ______________

TRAVEL: ______________ CONGREGATION: ______________

ROOM/BOARD: ______________ OTHER: ______________

OTHER: ______________ SUB-TOTAL: ______________

TOTAL: ______________ GRANT REQUEST

PLEASE ANSWER THE FOLLOWING TWO QUESTIONS:

1. Why did you choose this program?

_______________________________________________________________________________________________

_______________________________________________________________________________________________

2. What ministry or mission objectives do you anticipate this program will help you achieve and why?

_______________________________________________________________________________________________

_______________________________________________________________________________________________

OFFICE FOR CHRISTIAN FORMATION USE ONLY

RECEIVED ON: ____________ CONSIDERED ON: ____________ ACTION: ____________

EVALUATION RECEIVED: ______________ REVIEWED ON: ______________

APPROVAL SIGNATURE: ________________________________ DATE: ______________

Revised 2_29_2016
EVALUATION OF CONTINUING EDUCATION GRANT (LAITY) REPORT

Please return to the Office for Christian Formation not later than 30 days following the conclusion of the event.

APPLICANT: ___________________________ DATE: ___________________________

TITLE/DESCRIPTION OF PROGRAM: ________________________________________

PROGRAM DATE(S): ______________

THIS PROGRAM: ☐ EXCEEDED MY EXPECTATIONS ☐ MET MY EXPECTATIONS

☐ DID NOT COME UP TO MY EXPECTATIONS ☐ WAS A WASTE OF TIME

THE SINGLE MOST VALUABLE IDEA OR SKILL I LEARNED WAS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

THE GREATEST IMPACT ON MY MINISTRY WILL COME FROM:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

THIS PROGRAM WILL ENABLE ME TO PASS ON TO OTHERS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
I WISH I HAD BEEN ABLE TO:

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________


IN FOLLOWING UP THIS PROGRAM, I EXPECT TO:

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

MAIL TO: Episcopal Diocese of Ohio
          Attn: Antoinette Taylor
          Office for Christian Formation
          2230 Euclid Avenue
          Cleveland, OH  44115-2499

Fax: 216-623-0735

Email: ataylor@dohio.org

Revised: 2-29-2016