

**APPLICATION FOR GRANT MONEY FOR  
CONTINUING EDUCATION PROGRAMS**

**Diocese of Northern California  
Attention: Executive Assistant  
350 University Avenue, Suite 280  
Sacramento, CA 95677  
(916) 442-6918 (outside Sacramento 1-800-442-6918)**

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_

Church \_\_\_\_\_ Date \_\_\_\_\_ E-mail \_\_\_\_\_

1. The following is the budget proposed for this continuing education program:

<u><b>EXPENDITURES</b></u>		<u><b>RESOURCES</b></u>	
Transportation	\$ _____	Church Subsidy	\$ _____
Housing	\$ _____	Personal Subsidy	\$ _____
Tuition/Fees	\$ _____	Diocesan Grant	\$ _____
Books/Materials	\$ _____	Other Grants	\$ _____

TOTAL EXPENDITURES \$ \_\_\_\_\_

2. Amount of Diocesan Grant requested: \$ \_\_\_\_\_

3. Describe the Continuing Education Program (attach additional pages as needed, as well as brochure or catalog description showing costs):

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

4. Dates of Program: Starts: \_\_\_\_\_ Ends: \_\_\_\_\_

4. What I hope to learn from this program, and what I hope to share with my church and/or the Diocese as a result of participating in this program (attach additional pages as needed):

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

Your Signature \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_