



# The Episcopal Diocese of Pittsburgh Continuing Education Application Form



**PLEASE PRINT**

Applicant name: \_\_\_\_\_

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

\_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Project, Course, Conference for which you wish support:

Expected expenses:

Conference Registration \_\_\_\_\_

Travel \_\_\_\_\_

Tuition and fees \_\_\_\_\_

Books or supplies \_\_\_\_\_

Room and board \_\_\_\_\_

Other \_\_\_\_\_

Are you receiving other financial or in-kind support to this project, and if so what are the sources and amounts?

I understand that a condition of this grant is that within one month of the conclusion of the project/event(s) funded I will submit a report on the activities funded.

\_\_\_\_\_  
Signature

Return to:  
Episcopal Diocese of Pittsburgh  
4099 William Penn Highway, Suite 502  
Monroeville, PA 15146