

The Episcopal Diocese of Pittsburgh Continuing Education Application Form

PLEASE PRINT

Applicant name:Address:	
•	ce or Event for which you wish support: tion, dates, and conference website address, if applicable)
Describe how this course, confe	rence or event supports the ministry of your parish or your personal ministry.
Expected expenses:	
Conference registration	Travel
Tuition and fees	Books or supplies
Room and board	Other
Are you receiving other financia	or in-kind support, and if so, what are the sources and amounts?
Do you receive continuing educ	ation funds through your parish operating budget? Yes No
Amount of financial support rec	uested from diocese: \$
If financial support is awarded,	heck should be made out to:
and mailed to this address:	
I understand that a condition of month of the conclusion of the	this grant is that I will submit a report on the activities funded within one course, conference, or event.
Signature	Date

Submit completed form to Episcopal Diocese of Pittsburgh, 325 Oliver Avenue, Suite 300, Pittsburgh, PA 15222 or email to Elaine Zevkovich at ezevkovich@episcopalpgh.org