

# 2017 GROUP EDUCATION GRANT FOR SHORT-TERM TRAINING

(Short-term courses, weekend workshops, etc.)

To be completed by Minister or Chair of Church Council on behalf of the group

Name: .....

Address: .....

.....

Phone: ..... Mobile: .....

E-mail: .....

Ministry Role eg Minister, Chair of Church Council etc:

.....

Total amount requested: \$ \_\_\_\_\_  
(To max. of \$500.00 pp – paid in arrears.)

1. What type of training/education is the group proposing to undertake?  
(You must include information such as a brochure or outline of program)

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2. What is the purpose for the group attending this training/education?

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3. How will the attendance of the group at this training/education strengthen the wider congregation, parish or presbytery?

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4. Who is the course sponsored or provided by? .....

5. Duration of course/study programme: (invoices must be submitted for each item claimed)

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6. What is the cost per person of the training/education? .....

7. Who is attending the training/education? Please provide a separate list of each participant including their full name and email address. **(Complete table on page 3.)**

8. Does this application involve accommodation or travel expenses for the Group members? If so, please attach a separate list of each participating member and their estimate of expenses:

Travel	\$ .....
Accommodation	\$ .....
Total amount requested:	\$ .....

9. What other financial help do you hope to receive for this group?

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10. What other funding or scholarships have you sought for this group in the past 5 years?  
(each application must be listed separately)

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11. How will the applicant report back to Congregation / Presbytery / Agency about his/her studies?

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Signature: ..... Date: .....

**Policy for Group Applications:**

1. Group Education Grant applications are for individuals under the leadership of the same Minister/Church Council for a joint training or course
2. Individual participants/congregation are expected to contribute 20% of the total costs themselves
3. Group applications are for 3 or more people. If less than 3, then each participant should lodge an individual application for short term education grant

**Course Name:** \_\_\_\_\_

**Venue:** \_\_\_\_\_

**Group Name:** \_\_\_\_\_

**Group Address:** \_\_\_\_\_

	Given Name:	Surname:	E-mail Address:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			