



uniting church
in Australia,
Synod of NSW & ACT

**The Uniting Church in Australia
Synod of NSW & ACT
Uniting Mission and Education**

2019 EDUCATION GRANT FOR SHORT-TERM TRAINING (Short-term courses, weekend workshops, etc.)

Name:

Address:

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Phone:

Mobile:

E-mail:

Current employment/ ministry placement:

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

1. What form of training/education are you proposing to undertake?
(You must include information such as a brochure or outline of program)

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2. Who is the course sponsored or provided by?

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

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|---------------------------------|--------------------------------|----------|
| 4. Estimate of expenses: | Course Fees: | \$ |
| | Travel | \$ |
| | Accommodation | \$ |
| | Other associated costs: | \$ |
| | Total amount requested: | \$ |

Applicants are expected to make a personal contribution of 20% to the total expenses unless otherwise determined.

5. What other financial help do you hope to receive?

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

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Signature:

Date:



Learning Objectives

7. Please outline your learning objectives and state how working towards them will:

(a) deepen your understanding of what it means to be a disciple of Jesus Christ,

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(b) enhance your ministry,

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(c) be of benefit to the Church.

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Applicant's Bank Account Details *(for deposit of scholarship if application is successful):*

Institution Name:

Account Holder's Name:

BSB Number:

Account Number:

Applicants: The following information must be included with your application:
 Copies of relevant conference brochures, course descriptions, etc.
 A reference from your: congregation, minister, presbytery, or employing agency supporting your application (see next page).
 Appropriate receipts or invoices.
No payment will be made without a receipt or invoice.

Signature: Date:



Reference

(to be completed by the applicant's: church council, minister, presbytery, or employing agency)

Referee's Name: **Cong./Presb.:**

Referee's Position Held:

Phone: **Email:**

1. Briefly describe the applicant's character:

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2. How does the applicant contribute to the mission of God in your:
Congregation / Presbytery / Agency?

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

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Referee's Signature: **Date:**

Applicants: Please return your completed application form, and accompanying documentation as a scanned e-mail attachment to:

umescholarships@nswact.uca.org.au

or post to: UME Scholarships Committee Secretary, ATTN: Renee Kelly,
16 Masons Drive, North Parramatta NSW 2151

Office Use Only

Date application received:

Date approved by
Scholarship Committee:

Date cheque drawn: