



**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: .....

.....

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)

**2. Who is the course sponsored or provided by?** .....

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

.....

<b>4. Estimate of expenses:</b>	<b>Course Fees:</b>	\$ .....
	<b>Travel</b>	\$ .....
	<b>Accommodation</b>	\$ .....
	<b>Other associated costs:</b>	\$ .....
	<b>Total amount requested:</b>	\$ .....

*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?**

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

**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,

(b) enhance your ministry,

(c) be of benefit to the Church.

**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:

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

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

**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](mailto: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: .....