|  |  |
| --- | --- |
| ChanceryCoatofArms | ROMAN CATHOLIC DIOCESE OF PORTLAND510 Ocean AvenuePortland, Maine 04103-4936207-773-6471 Fax: 207-773-0182 |

**LAY CONTINUING EDUCATION & FORMATION ENDOWMENT FUND
Application for Grant: INDIVIDUALS**

2021-2022

Name of Individual:

Mailing Address:

Phone Number:

Email Address:

Parish/School/Office:

Pastor/Principal/Supervisor:

Name of Planned Activity (project/program/class) for which funding is sought:

*Please attach brochure or other material that shows activity description and costs.*

Focus of Planned Activity (check all that apply):

 \_\_\_\_\_\_\_ College Credits (for degree)

 \_\_\_\_\_\_\_ College Course (non-degree)

 \_\_\_\_\_\_\_ Continuing Education

 \_\_\_**\_**\_\_\_ Ministerial/Professional Development

 \_\_\_\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requested Grant Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_** *Please fill in the table and the estimated need will be calculated automatically.*

|  |  |
| --- | --- |
| **Total Cost of Planned Activity** | **$0**  |
| Amount contributed by the parish | **$0** |
| Amount contributed by the individual | **$0** |
| Other funding sources | **$0** |
| Estimated Need (net of other contributions) | **$0** |

Will you be able to participate in the proposed activity with partial funding? **Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_**

Have you already paid for this program/class/conference? **Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_**

Have you received a grant in the past? **Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_**

If yes, when and for what?

Please click in each box below to give brief responses to the following. Use only the space provided.

**Name 1 or 2 concrete objective(s) for pursuing the planned activity (program, course, conference, etc):**

**How will the planned activity help you meet the objective(s)?**

**How will your faith formation or professional development in the Church be enhanced through participation in this planned activity?**

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor/Principal/Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Submit completed and signed application to Grant Review Committee by July 19, 2021***

* Mail: **Roman Catholic Bishop of Portland**

**Attn: Lay Continuing Education & Formation Endowment Fund GRC**

**510 Ocean Ave**

**Portland, ME 04103-4936**

* E-mail: **grc.layendow@portlanddiocese.org**