

Application from _____
Date Received/Approved _____
Continuing Ed. Advisor _____

To the Applicant: Please complete the information below this line

THE MURRIN FUND COMMITTEE
c/o The Rev'd Stephanie Shepard
7284 Cypress Street
Vancouver, BC V6P 5M3
rev.seshepard@gmail.com

APPLICATION FOR CONTINUING EDUCATION GRANT: W.G. MURRIN FUND

INSTRUCTIONS:

1. Use the reverse of this form if further space is needed.
2. Send us a copy of the brochure or description material concerning B1 below.
3. Return completed application to the MURRIN FUND COMMITTEE at least six weeks prior to the starting date of the course or program.
4. On completion of course PLEASE forward an evaluation to the Chair – Murrin Fund at the above address.

A/ 1. Name: _____
(Surname) (Title) (Given name and Initials)

2. Position Held : _____
(Position) (Parish)

Lay or ordained? _____ Full-time/part-time _____

3. Mailing address: _____

4. Phone: (Home) _____ (Work): _____ (Fax): _____

Email: _____

B/ 1. Title and description of course/study program: (use another page if necessary)

2. Institution sponsoring course: _____

3. Will you be i) in residence (_____) where? _____

ii) commuting (_____) from: _____ to: _____

iii) on field location (_____) where: _____

4. Length of proposed study: _____

Date: _____
(from) (to)

C/ 1. Purpose of study:

2. Do you have a continuing education plan? _____

When was it last reviewed and by whom? _____

3. How will this study assist in your present or future responsibilities? _____

4. Kindly identify the advisor used in planning the proposed study?

(Name) (position) (phone #)

D/ 1. Date of last W.G. Murrin Fund grant received: _____ Amount \$ _____

2. (a) Total personal budget: (Please attach detailed budget if necessary)

Tuition: \$ _____

Travel: \$ _____

Accommodation: \$ _____

TOTAL \$ _____

(b) Other Funding Sources:

<u>Name</u>	<u>Applied For</u>	<u>Received</u>
General Synod Cont. Ed Plan	\$ _____	\$ _____
H.R. MacMillan Fund	\$ _____	\$ _____
Congregation/salaried source	\$ _____	\$ _____
Other	\$ _____	\$ _____

(c) Your personal share of costs (25% of total costs or \$100.00 whichever is greater)

\$ _____

3. Total grant requested in this application (Canadian funds) \$ _____

(Date of application)

(Signature of Applicant)

OTHER SUPPLEMENTARY MATERIAL WHICH MAY BE HELPFUL TO THIS APPLICATION
PLEASE ATTACH ON A SEPARATE PAGE