

<u>For Office Use Only</u>	Amount requested \$ _____	Date Application Received _____
	Amount received \$ _____	Date Evaluation Received _____

Proposal for Professional Development Leave/Grant

Please read diocesan policy and guidelines before you fill out. **Use additional pages as needed.**
Send original to: Office of the Bishop, Diocese of Iowa, 225-37th Street, Des Moines, IA 50312-4305

Name _____ Phone _____

Address _____

Parish (or Agency) _____

Date of Ordination to Diaconate _____ Date of Ordination to Priesthood _____

Tenure in the Diocese _____

Present Position/Nature of diaconal or priestly vocation _____

Name of Program _____

Sponsoring Agency _____

Specific Supervisor _____

Place of Program _____

Dates of Program _____

Total Cost _____ Requested Grant _____

1. Describe your proposed program of study, research, or other creative work.

2. What are your objectives in undertaking this continuing education program?

3. How does this program fit into your long-term educational goals?

4. How do you think this opportunity will better equip you to carry on your ministry?
a) in your present situation?

b) in the future?

5. How do you expect this experience to affect you personally?

6. Have you been accepted for study during the proposed period? yes no
If yes, please attach copies of pertinent documents.

7. Do you plan to complete a degree program at the institution where you have been accepted?
yes no If the proposed is to be seen as part of a larger program (e.g., a degree program or more extended research), please describe how this leave will fit into the whole program.

8. Describe any post-seminary study/continuing education you have already undertaken in the past five years. Be specific. If an activity was supported by a Professional Development Leave grant, congregation, and/or participant, please indicate that in the column labeled "Funding."

Description of continuing education history

Funding (✓ which apply)

➤ _____

self cong PDL

➤ _____

self cong PDL

Description of continuing education history (*cont'd*)

Funding (✓ which apply)

➤ _____ _____	<input type="radio"/> self <input type="radio"/> cong <input type="radio"/> PDL
➤ _____ _____	<input type="radio"/> self <input type="radio"/> cong <input type="radio"/> PDL
➤ _____ _____	<input type="radio"/> self <input type="radio"/> cong <input type="radio"/> PDL

9. Does your local church (or employing agency) have provision for the continuing education of its employees? (e.g., time allowed, financial support) If so, please describe.

10. Your signature on this application indicates your willingness to comply with the stipulations that anyone accepting a professional leave must a) return to her/his present position or cure for a period of one year after completion of the leave, and b) report to the Bishop and Professional Development Leave Committee with a summary of activities and an analysis and evaluation of the leave as originally proposed.

Applicant's signature _____
Date

11. Vestry/Bishop's Committee (governing board) Endorsement:
This application has been discussed at a regular meeting of the _____
of _____ Church in _____, Iowa,
and is submitted with our approval disapproval.

Warden's signature _____
Date

Clerk's signature _____
Date

(Other) _____
Date

Financial Worksheet

(Use additional pages as needed)

<u>Program Costs for Applicant</u>		<u>Resources</u>	
Tuition & Fees	\$ _____	Personal Contribution	\$ _____
Board	_____	Parish (Agency) Subsidy	_____
Room	_____	Requested Diocesan Grant	_____
Travel	_____		
Other:		Other (Please include the sources of other funds requested, and whether these have been assured)	
_____	_____	_____	_____
_____	_____	_____	_____
Total Program Costs:	\$ _____	Total resources:	\$ _____
 <u>Other Costs</u>			
_____	\$ _____		
_____	_____		
Total other costs	\$ _____		
TOTAL COSTS	\$ _____	Date funds are needed	_____

Professional Development Leave Report

Please complete (using additional pages as needed) and return to Bishop/PDL Committee within 30 days of the end of the program - Thank you.

Name of Grant Recipient _____

Name and location of program _____

1. Summary of activities:

2. Did the program fulfill your goals and objectives? Please explain.

3. How do you evaluate the effectiveness of the offered program in accomplishing its own goals? What did you experience as the strongest points? The weakest?