

**Application for a Venture in Mission
Continuing Education (VIM-CE) Grant
or Education for Ministry Grant (EFM) Grant
Diocese of Montana**

() VIM CE () EFM Grant
Name _____ Date _____
Address _____
Phone _____ email: _____
Church _____ Length of Time in Diocese _____
Occupation _____ Education Level _____
Location of Event _____ Dates _____

Please answer the following questions. Use a separate page, if necessary. Attach any appropriate brochures or other information.

1. Describe the continuing education program you wish to undertake.

2. How does this education fit in with your long range ministry goals? How will it benefit your ministry?

3. How will this education benefit the local congregation and/or the Diocese?

When did you last receive a VIM CE grant? _____

| | |
|------------------|--|
| Estimated Cost: | Funds provided by: |
| Travel _____ | Self _____ |
| Tuition _____ | Parish _____ |
| Room/Board _____ | |
| Other _____ | |
| Total _____ | VIM – CE Amount Requested _____ |

Applicant's Signature _____

This proposal was presented to the Vestry on _____ and was approved.

Priest, Warden, or Clerk

Commission on Ministry (COM) Action: Approved/Disapproved Date _____
Amount _____

COM Chair Signature _____

Return form to: The Diocese of MT, PO Box 2020 Helena, MT 59624 Attn: CE Grants -