

Wesley Leadership Institute
**CONTINUING EDUCATION FOR CLERGY
GRANT APPLICATION**
Holston Conference • The United Methodist Church

ELIGIBILITY: (Persons under episcopal appointment to charges and conference staff positions are eligible for a maximum of \$500.00 in Wesley Leadership Institute CE Grants in a 4 year period as long as funds are available. Amount received previously plus amount requested must not exceed \$500 in 4 years.) **Specify year(s) _____ and amounts received: \$ _____** **NOTE: 80% OF APPROVED GRANT MONIES WILL BE PAID PRIOR TO THE EVENT; THE BALANCE OF 20% WILL BE PAID ON RECEIPT OF EVALUATION FOLLOWING THE EVENT.**

1. Your Name _____ Date _____
Address _____
Telephone _____ Church/Institution _____
Amount budgeted by church/institution for your continuing education this year: \$ _____

2. Program: CEU's offered by the event _____ (If not on Master List, attach agenda, brochure, or website address)
Event Name _____ Location _____
Date(s) _____ Sponsored by _____
Briefly describe the program or course and include a descriptive folder (use back of sheet).

3. Amount you are requesting from Wesley Leadership Institute CE Grant fund (line D) \$ _____
 - a. Total Cost of event: \$ _____
 - b. Subtract \$ amount received from all sources - \$ _____
(local church CE funding, other scholarships or grants, etc.)
 - c. Remaining cost of program: = \$ _____
 - d. 75% of line "C" X .75 = \$ _____

4. **I understand an evaluation of the program/event is expected after completion.** (see attached evaluation to be completed upon completion of the event. Upon receipt of your evaluation, the remaining 20% of funds will be reimbursed to you)

5. PLEASE NOTE: 80% OF THE APPROVED FUNDS WILL BE AWARDED PRIOR TO THE EVENT. THE REMAINING 20% WILL BE PAID UPON RECEIPT OF THE EVALUATION AFTER THE EVENT.

Your signature _____
Signature of Pastor/Parish Chair (or equivalent) _____
Signature of District Superintendent _____

*Application must be received prior to event and meet criteria of "Guidelines for Grants".
Mail application to: Wesley Leadership Institute, P. O. Box 850, Alcoa, TN 37701-0850.*

For Committee Use: Received: _____ Approved: _____ Amount _____ 80% Requisitioned _____
Evaluation Received _____ 20% requisitioned _____

Wesley Leadership Institute
EVALUATION OF A CONTINUING EDUCATION EVENT

Thank you for taking the time to complete this feedback form. Completing an evaluation of the experience for which funds were provided is one of the contingencies for receiving continuing education funds (see Grant Application). Your feedback helps us know how to better serve you and your peers in a responsible way. **Please take a few minutes to fill out and return this form within 7 days of the event.**

1 Continuing education Event _____

2 Area of ministerial competency addressed: _____ # CEU's: _____

3 City, State, Place event held? _____ Dates: _____

4 What Organization Sponsored the Event? _____

5 Please rate the continuing education experience: Excellent Good Poor

- What was your most important learning of the event?

- How do you feel it will enhance your ministry? How do you plan to use what you've learned?

6 Would you recommend this program to someone else? yes no If no, why not?

7 If you were responsible for the granting of financial aid, would you consider this experience a wise and careful use of funds? yes no comment: _____

Name _____ Address _____

Date _____ E-Mail _____

Complete above form and attach copy of CE Certificate or the complete agenda and goals of the seminar. **MAIL OR FAX TO: The Wesley Leadership Institute, P. O. Box 850, Alcoa, TN 37701-0850; Fax: 865-690-3162**

QUESTIONS: e-mail: wesleyinstitute@holston.org