## **EDUCATION FOR MINISTRY**

## **Financial Aid Application**

**Episcopal Diocese of Pennsylvania** 

PERSONAL DATA			
	NAME		
	FULL ADDRESS		
	EMAIL ADDRESS _		
	DAYTIME TELEPHO	ONE NUMBER (INCLUDING AREA CODE)	
	MENTOR:	EDUCATION FOR MINISTRY INFORMATION	
	MENTOR ADDRESS	St	
	LOCATION:		
	YEAR:	EXPECTED GRADUATION DATE:	
amount individu Educati	t, please ask your El ual circumstances.	FINANCIAL  aximum grant for EFM is \$100.00. If it is necessary to ask for more than this FM mentor to contact Canon Jane Gober (jgober@diopa.org) to discuss your Please inquire if funds are available from your home parish to assist in your u may also inquire through your mentor if funds are available from the EFM d.	
	G	RANT REQUEST AMOUNT \$	
Make c	heck payable to: (c	clarify who is paying the enrollment fee as these funds will be a reimbursemen	t)
		ATIONS OF THIS PROGRAM AND HOW DO YOU THINK IT WILL HELP YOU IN YO OCESE OF PENNSYLVANIA? Use an additional sheet of paper if necessary	UR
□ YES	S DNO Iwa	ould be willing to share my experience with other parishes in the dioces	e.
_ 110		sale at many to onate my experience with other pariones in the dioces	<b>.</b>
CLERG	Y ENDORSEMEN	T DATE	

Please return this application to: Pam Prell transitions@diopa.org

or Mail to 23 E. Airy Street Norristown, PA 19401