

EDUCATION FOR MINISTRY

Financial Aid Application

Episcopal Diocese of Pennsylvania

PERSONAL DATA

NAME _____

FULL ADDRESS _____

EMAIL ADDRESS _____

DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) _____

EDUCATION FOR MINISTRY INFORMATION

MENTOR: _____

MENTOR ADDRESS: _____

LOCATION: _____

YEAR: _____ EXPECTED GRADUATION DATE: _____

FINANCIAL

Please be aware that the *maximum* grant for EFM is \$100.00. If it is necessary to ask for more than this amount, please ask your EFM mentor to contact Canon Jane Gober (jgober@diopa.org) to discuss your individual circumstances. Please inquire if funds are available from your home parish to assist in your Education for Ministry. You may also inquire through your mentor if funds are available from the EFM Memorial Scholarship Fund.

GRANT REQUEST AMOUNT \$ _____

Make check payable to: (clarify who is paying the enrollment fee as these funds will be a reimbursement)

WHAT ARE YOUR EXPECTATIONS OF THIS PROGRAM AND HOW DO YOU THINK IT WILL HELP YOU IN YOUR MINISTRY WITHIN THE DIOCESE OF PENNSYLVANIA? Use an additional sheet of paper if necessary

YES NO *I would be willing to share my experience with other parishes in the diocese.*

CLERGY ENDORSEMENT _____ DATE _____

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

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