



LAY MINISTRY CONTINUING FORMATION GRANT
Application Form

Name:

Position:

Home Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

Parish(es)/Catholic Institution of Employment:

Address:

City:

State:

Zip Code:

Pastor/Supervisor:

Do you have any professional development/continuing formation funds available? Yes No

Program I wish to attend:

(Please attach a brochure or other materials with details of the program, the dates, and the cost.)

Amount I am requesting:

Goals/Why I wish to attend this program:

This is my first request from the Lay Ministry Continuing Education Fund:

or

The last time I received a grant for continuing formation:

Signature

Date

Pastor/Supervisor Signature

Date

For Archdiocesan use only:

Approved Denied

Date Received:

Reason for Denial:

CFLM Board Consulted:

Central Office Staff consulted, if needed:

Amount Approved:

Applicant notified:

Evaluation completed: