# Request for Continuing Education Grant

Minister: _____ Date: _____

Church or Validated Ministry or place of employment: _____

_____

Date of Session approval: _____

School, Conference, Event, etc: _____

Location and date: _____

Purpose of study and how it supports the ministry of the church: _____

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|---|---|
| Estimated total cost | $ _____ |
| Annual Study Leave allowance | $ _____ |
| Amount remaining | $ _____ |
| Amount requested from Presbytery | $ _____ |

Signed: _____ _____
Minister Clerk of Session

Please return to **Presbytery of Western New York, 2060 Union Rd, W Seneca, NY 14224**

The formula for dispensing Continuing Education and Study Leave funds is to take the total cost and subtract the Church's share. Of this amount, Presbytery may pay 50%, up to $250.