

# EPISCOPAL DIOCESE OF RHODE ISLAND

## CONTINUING EDUCATION COMMITTEE

### Request for Sabbatical Grant

*Please type or print*

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** Office: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_

**e-mail** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Present Ministry**

Parochial \_\_\_\_\_

Non-parochial \_\_\_\_\_

Diocesan Assignments \_\_\_\_\_

Other \_\_\_\_\_

Total years of service \_\_\_\_\_

Dates of previous sabbaticals \_\_\_\_\_

Years of service since previous sabbatical \_\_\_\_\_

**Proposed dates of Sabbatical:** \_\_\_\_\_

**Support:**

Date of Vestry Approval: \_\_\_\_\_

Comments:

Date of Committee of the Congregation (or Wardens): \_\_\_\_\_

Comments:

Date of support by Bishop and/or Canon to the Ordinary: \_\_\_\_\_

Comments:

**Sabbatical Budget:**

- Tuition/Fees \_\_\_\_\_
- Books/Materials \_\_\_\_\_
- Room/Board \_\_\_\_\_
- Travel \_\_\_\_\_
- Other \_\_\_\_\_
- Total Cost** \_\_\_\_\_

To be paid by applicant \_\_\_\_\_

To be paid by employer \_\_\_\_\_

To be paid by other sources \_\_\_\_\_

Amount requested from  
the Committee \_\_\_\_\_

**Total** (must equal cost above) \_\_\_\_\_

Check to be made out to \_\_\_\_\_

Describe the design, rationale and goals of your proposal, and an evaluation component. Please indicate any special materials required and any related travel. Explain how the experience will enhance your ministry, and the ministry of the community you serve.

**I agree to the following grant conditions:**

- If I do not carry out and complete the activity for which this assistance is requested, I will immediately return the funds to the Treasurer of the Diocese.
- I will submit to the Committee a written evaluation of the activity within 30 days of its completion, and I will submit a brief article for publication in RISEN to the editor within 60 days of my return.

I further understand that upon return from a sabbatical I will be expected to continue in my current appointment/employment for at least one year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to:

**Sabbatical Committee  
Episcopal Diocese of Rhode Island  
275 North Main Street  
Providence, RI 02903**