

**Continuing Education for Rostered Persons
Wurffel Grant Application Form
New Jersey Synod, ELCA**

Name (please print) _____

Address _____
_____ Zip Code _____

Telephone: (Office) _____ (Home) _____

E-mail: _____

Congregation _____ Location _____

Title of Continuing Education Opportunity _____

Short-term event Academic course work (degree, or otherwise)

Begins _____ Terminates _____

Location _____

Estimated Costs:

Application Fee/Tuition _____ Travel _____

Books/Materials _____ Room _____

Food _____ Other (please specify) _____

Total Estimated Costs _____

Sources to cover expenses:

Yourself (other than grant money) _____

Congregation (including Continuing Education)/Agency _____

Other (Please specify) _____

Total Resources _____

Amount requested as a Continuing Education Grant _____

Grants are limited to amounts as indicated in the "Grants in Aid" Policy shown on the reverse. Consideration will be given to the individual's need, the availability of other financial resources, and the number of times she/he has received Wurffel grants in the past. Please enclose a rationale for your participation in the opportunity and include any additional comments that would be helpful to the Grant Team.

Applicant's Signature _____ Date _____

Send completed form and rationale to: **Continuing Education for Rostered Leaders**
C/O Rev. Tracie Bartholomew
New Jersey Synod, ELCA
1930 State Highway 33
Hamilton Square, NJ 08690