

**DIOCESE OF WESTERN NEWFOUNDLAND**  
**Post-Ordination Training Fund**  
*Application for Assistance*

Applicants Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone #'s \_\_\_\_\_ (H) \_\_\_\_\_ (Cell)  
Course/Program Attending \_\_\_\_\_ Date \_\_\_\_\_  
Location \_\_\_\_\_  
Theological College \_\_\_\_\_  
Other Institution \_\_\_\_\_  
Diocesan Sponsorship    YES \_\_\_\_\_    NO \_\_\_\_\_

Estimated Expenses:

*	Tuition/Registration	\$ _____
*	Accommodation	\$ _____
*	Travel	\$ _____
*	Required Texts/Material	\$ _____
*	Other	\$ _____
	<b>Total Expenses</b>	\$ _____

Revenue:	*	Personal Contribution	\$ _____
	*	Grants/Bursaries/Scholarships	\$ _____
	*	Other	\$ _____
		<b>Total Expenses</b>	\$ _____

Amount sought from Post-Ordination Training Fund    \$ \_\_\_\_\_

**NOTES:** \* If funding is granted before the event, the applicant is required to submit a certified copy of estimated expenses (tuition, travel, etc.)

\* Upon completion of proposed event, the applicant is required to submit receipts for all expenses.

\* If for some reason the applicant cannot attend the proposed event, or if the event is cancelled or postponed, then any monies issued are to be returned to the Post-Ordination Training Fund.

Forward completed application to:

Diocesan Bishop of Western Newfoundland  
25 Main Street  
Corner Brook, NL    A2H 1C2