

DOUG PATERSON MEMORIAL BURSARY

Crossroads United Church

690 Sir John A. Macdonald Blvd., Kingston, Ontario K7M 1A2

Tel. (613) 542-9305 Fax. (613) 542-9738 email: chrchsect@bellnet.ca

APPLICATION FORM

NAME _____

ADDRESS _____

_____ POSTAL CODE _____

PHONE HOME (_____) _____ - _____ OFFICE (_____) _____ - _____

PASTORAL CHARGE _____

PLEASE LIST YOUR LAST THREE PASTORAL CHARGES:

_____ to _____

_____ to _____

_____ to _____

PLEASE LIST CONTINUING EDUCATION PROGRAMS UNDERTAKEN IN LAST 5 YEARS:

PROGRAM FOR WHICH FUNDS ARE SOUGHT: If possible attach a copy of the program provider's description.

TITLE: _____

PROGRAM PROVIDER: _____

(Please go to next page)

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APPLICATION FORM -continued

PROGRAM FOR WHICH FUNDS ARE SOUGHT (continued):

LOCATION: _____

DATES: _____ LENGTH OF PROGRAM: _____

FORMAL QUALIFICATIONS YOU EXPECT FROM THIS PROGRAM (if any): _____

COST:	Tuition	\$ _____
	Travel	\$ _____
	Lodging	\$ _____
	TOTAL	\$ _____

SOURCE OF FUNDS: Please indicate how much you expect from each of the following:

Pastoral Charge	\$ _____
Your own contribution	\$ _____
Other funds	\$ _____
This application	\$ _____

THIS BURSARY IS INTENDED TO ENCOURAGE CLERGY AND CONGREGATIONS TO LEARN AND GROW TOGETHER. Therefore we ask for the following:

1. A note from you (maximum 2 pages) describing how you think this program will enhance your current ministry.
2. A note from your Official Board (maximum 2 pages) indicating how they are supporting your participation in the program and its application within your congregation.