

***DOUG PATERSON MEMORIAL BURSARY
APPLICATION FORM***

**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**

NAME:

ADDRESS:

Street:

City:

Postal Code:

CONTACT INFORMATION:

Home Telephone:

Cell Phone:

Office Telephone:

Pastoral Charge Telephone (if different from Office):

E-Mail Address:

PASTORAL CHARGES, LAST FIVE YEARS:

CONTINUING EDUCATION PROGRAMS UNDERTAKEN, LAST FIVE YEARS:

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

Title:

Program Provider:

Location:

Dates:

Length of Program:

Certification expected from Program (if any):

ANTICIPATED EXPENDITURE:

Tuition:

Travel:

Lodging:

Anticipated Total Cost:

SOURCE OF FUNDS: Please indicate amounts expected from the following.

Pastoral Charge:

Personal Contribution:

Other funding sources:

This bursary application:

THE 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.