



## Continuing Education Committee

Individual Request for Continuing Education Funding

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Year of Ordination/Consecration: \_\_\_\_\_

Present Conference Relationship: \_\_\_\_\_

Educational Activity for which funding is requested: \_\_\_\_\_

Date and Place of Continuing Education Event: \_\_\_\_\_

What are the C.E. Units of Credit? \_\_\_\_\_

How does this activity relate to your present appointment responsibilities? \_\_\_\_\_

Please indicate with whom you have discussed this Education Event as to how it relates to your responsibilities at your present appointment: \_\_\_\_\_

To whom will you report the successful completion of this activity? \_\_\_\_\_

### Cost of Event:

Registration: \_\_\_\_\_ Written Materials: \_\_\_\_\_ Lodging and Meals: \_\_\_\_\_

\*Travel Costs: \_\_\_\_\_)

Amount Requested from Conference C.E. Fund: \_\_\_\_\_ (maximum \$500)

Amount Requested from the Advanced Degree Fund: \_\_\_\_\_ (\$1000 semester / \$5000 lifetime maximum)

Last date to request this fund: \_\_\_\_\_ Amount: \_\_\_\_\_

Are you receiving funding for this event from your present appointment? \_\_\_\_\_

If yes, what amount? \_\_\_\_\_

How much funding does your present appointment provide for C.E.? \_\_\_\_\_

What portion has been used in the current year? \_\_\_\_\_

Was your base salary increased in place of C.E. funding? \_\_\_\_\_

❖ Please return the completed form to Rev. JiSun Yang, Haddonfield UMC, 29 Warwick Rd, Haddonfield, NJ, or email [gnjboomce@gmail.com](mailto:gnjboomce@gmail.com).

❖ NOTE: Requests for Local Pastors Licensing School or the Course of Study should be requested from the Local Pastors' Registrar (Rev. Gina Yeske, [gyeske@epagnj.org](mailto:gyeske@epagnj.org)).