



Continuing Education Plan for Professional Leaders Long-Term Study Application Form

Application Deadline: January 15

Please type or print so that the form is clearly legible.

Candidate Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone No: _____ Email: _____

Current congregational membership:

Current call and/or staff position:

Application forms submitted for the CEP Long Term Study benefits must include the following (please check off each box to indicate that you have included it with your application):

- Current Curricula Vita or Resume
- Three Letters of Reference
 - Synod Bishop or Designate
 - Chair of Local Congregational Council or Employer
 - Other: _____
- Written Permission for Leave of Absence from Parish/Employer and Synodical Bishop
- Completed Application Forms
- Budget for the Study Leave Form (page 4)
- Financial Declaration Form (page 5)
- Verification of Intent to Return to Parish/Employer or Written Explanation of Exception Form (page 6)

Candidate: _____
Proposal Title: _____

Check all that apply

This study leave will develop my present knowledge and skills.
 enable me to acquire new knowledge and skills.
 enable me to experience growth for more effective ministry.

Descriptor of the study leave:

workshop formal classes retreat guided group

individual study Advisor: _____

This study leave is related to

my job responsibilities

And/or

a degree program, specifically

_____ degree, Educational Institution: _____

Is this institution accredited? Yes No

Length of study leave: _____ day(s) or _____ week(s) or _____ month(s)

Proposed dates of study leave: _____

My individual goals to be addressed by this study leave:

1.

2.

3.

I will measure my success in attaining these goals through

1.

2.

3.

Congregational/Agency Goals Addressed by this Study Leave:

1.

2.

3.

The major impact of this study leave will be

Short-term:

Long-term:

How does this proposed study leave support our church's mandate to be *In Mission for Others*?

Candidates Signature: _____ Date: _____



Continuing Education Plan for Professional Leaders

Budget for Study Leave

Expenses:

A. Course/Workshop/Seminar

Tuition \$ _____
Books \$ _____

B. Travel

___ km @ \$ 0.30 \$ _____ Rationale _____

Other:

Airfare \$ _____ Rationale _____
Train \$ _____ Rationale _____
Bus \$ _____ Rationale _____
Total \$ _____

C. Meals

Breakfast \$ _____
Lunch \$ _____
Dinner \$ _____
Subtotal \$ _____ x _____ days =
Total \$ _____

Rationale _____

D. Other Expenses

1. _____ Rationale _____
2. _____ Rationale _____
3. _____ Rationale _____

Total Expense for Study Leave (A+B+C+D) = \$ _____



ELCIC

Continuing Education Plan for Professional Leaders

Financial Declaration

Revenues

Total Household Salary (study leave period) \$ _____

Funds from CEP Member Account \$ _____

Funds from Outside Sources:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Expenses (Study Leave Period)

Housing

Mortgage/Rent \$ _____

Household Expenses (attach itemized list) \$ _____

Transportation

Other expenses that affect the candidate's ability
To participate in study leave (attach itemized list) \$ _____

Revenue \$ _____

Minus Expenses \$ _____

Total \$ _____

Funds Requested: \$ _____

By signing this form, I confirm that this declaration is valid.

Candidates Signature: _____ Date: _____



Verification of Intent to Return to Parish/Employer or Explanation for Exception Form

*Note: Normally individuals return to their parish/employer for at least one year following study leave.
If you wish to make an exception to this a written explanation is required.*

Candidate: _____

Proposal Title: _____

Current call and/or staff position: _____

- I verify that it is my intention to return to parish/employer following completion of study leave, and I understand that normally, individuals return to the parish/employer for at least one year following study leave.

Signature: _____

Date: _____

- OR -

I do not intend to return to my current parish/employer following completion of this study leave;
therefore, I provide the following written explanation of why there is an exception to this custom:

Signature: _____

Date: _____