

Grant Application Form

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Full Name:	
Email:	Phone:
Mailing Address:	
CPE History	Unit 1: From (mm/yyyy) _____ To (mm/yyyy) _____ Educator Name and Title: _____ _____ Hospital's Name, City and State: _____ _____ Assigned Units: _____
	Unit 2: From (mm/yyyy) _____ To (mm/yyyy) _____ Educator Name and Title: _____ _____ Hospital's Name, City and State: _____ _____ Assigned Units: _____
	Unit 3: From (mm/yyyy) _____ To (mm/yyyy) _____ Educator Name and Title: _____ _____ Hospital's Name, City and State: _____ _____ Assigned Units: _____

	<p>Unit 4: From (mm/yyyy) _____ To (mm/yyyy) _____ Educator Name and Title: _____ _____ Hospital's Name, City and State: _____ _____ Assigned Units: _____</p>
<p>Graduate school information (religious studies, Islamic Chaplaincy, or related field)</p>	<p>Full title of the degree earned: _____ School name: _____ Degree conferred? Yes: _____ (mm/yyyy) If no, expected completion: _____ (mm/yyyy) Number of credits taken: _____</p>
<p>Is your household annual income less than \$150,000? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Board Certification status</p>	<p><input type="checkbox"/> I am a board certified chaplain with _____.</p> <p><input type="checkbox"/> I am not a board certified chaplain.</p> <p><input type="checkbox"/> I have applied for board certification and process continues.</p> <p>The expected date of completion is _____ (mm/yyyy)</p>
<p>Recommendation Letter Information</p>	<p>Reference 1: Name and Title: _____ Affiliation: _____ Email: _____ Phone: _____</p> <hr/> <p>Reference 2: Name and Title: _____ Affiliation: _____ Email: _____ Phone: _____</p>

<p>Categories you apply for funding:</p> <p>Check all that apply.</p> <p>If the exact amount is unknown, state the estimated amount.</p> <p>See Expense Report Form for more information.</p> <p>Total Funding is the sum of all categories.</p>	<p><input type="checkbox"/> CPE Unit Fee</p> <p>Requested amount: \$ _____</p> <p>From (mm/yyyy) _____ To (mm/yyyy) _____</p> <p>Educator Name and Title: _____</p> <p>_____</p> <p>Hospital's Name, City & State: _____</p> <p>_____</p>
	<p><input type="checkbox"/> Conference/Workshop</p> <p>Conference/Workshop Title: _____</p> <p>Dates: _____</p> <p>Conference City & State: _____</p> <p>Itemize your conference/workshop funding request:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Registration Fee: \$ _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Lodging: \$ _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Flight: \$ _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Ground Transportation (\$0.580 x mileage): \$ _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Car Rental: \$ _____</p>
	<p><input type="checkbox"/> Other Professional Development Opportunities</p> <p>Requested amount: \$ _____</p> <p>Description: _____</p> <p>Date, City and State _____</p>
	<p>Total funding requested: \$ _____</p>

Signature of Applicant: _____

Date Signed (mm/dd/yyyy): _____

<p>Institutional Use Only</p> <p>Approved Funding:</p>	CPE Unit Fee:	\$ _____
	Conference/Workshop Registration Fee:	\$ _____
	Conference/ Workshop Travel – Lodging:	\$ _____
	Conference/ Workshop Travel – Flight:	\$ _____
	Conference/ Workshop Travel – Ground:	\$ _____
	Conference/ Workshop Travel – Car Rental:	\$ _____
	Other Professional Development Opportunities:	\$ _____
	Total Funding:	\$ _____
Approval Date:	_____	