

Application Package (check each box)

- Resume CPE certificate(s) Two references Essay

Grant Application Form

Top of Form

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

	<p>Unit 3: From (mm/yyyy) _____ To (mm/yyyy) _____ Educator Name and Title: _____ Hospital's Name, City and State: _____ Assigned Clinical Areas: _____</p> <p>Unit 4: From (mm/yyyy) _____ To (mm/yyyy) _____ Educator Name and Title: _____ Hospital's Name, City and State: _____ Assigned Clinical Areas: _____</p>
<p>Graduate Education (Islamic Chaplaincy, or related field)</p>	<p>Degree earned: _____ School name: _____ Degree conferred? Yes: _____ (mm/yyyy) If no, expected completion: _____ (mm/yyyy) Number of credits taken: _____</p>
<p>Employment</p>	<p>Are you currently employed? _____ Employer: _____ Working with this employer since: _____ (mm/yyyy) Job title: _____</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. The expected date of completion is _____ (mm/yyyy)</p>
<p>References</p>	<p>Reference 1: Name and Title: _____ Affiliation: _____ Email and phone: _____</p> <p>Reference 2: Name and Title: _____ Affiliation: _____ Email and 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 From (mm/yyyy) _____ To (mm/yyyy) _____ Educator Name and Title: _____ Hospital's Name, City & State: _____ Requested amount: \$ _____</p> <p><input type="checkbox"/> Registration Fee (Conference/Workshop) Conference/Workshop Title: _____ Dates: _____ Conference City & State: _____ Requested amount: \$ _____</p> <p><input type="checkbox"/> Lodging (Conference/ Workshop) Conference/Workshop Title: _____ Dates: _____ Conference City & State: _____ Requested amount: \$ _____</p>

	<input type="checkbox"/> Airfare (Conference/ Workshop) Conference/Workshop Title: _____ Dates: _____ Conference City & State: _____ Requested amount: \$ _____
	<input type="checkbox"/> Other Professional Development Description and Date: _____ Requested amount: \$ _____
	Total funding requested: \$ _____

Signature of Applicant: _____

Date Signed (mm/dd/yyyy): _____

Institutional Use Only	CPE Unit Fee: \$ _____ Registration Fee (Conf./Workshop): \$ _____ Lodging (Conf./ Workshop): \$ _____ Airfare (Conf./ Workshop): \$ _____ Other Professional Development \$ _____
	Total Approved Funding: \$ _____ Approval Date: _____