

CBWC FOUNDATION

Chaplaincy Grant Application

PURPOSE: The Chaplaincy Grant provides financial support to accredited chaplains for continuing education and professional development. Funding is available at \$500 per course, up to an annual maximum of \$2,000.

ELIGIBILITY REQUIREMENTS

1. Applicants must hold an active ministry status title with the Canadian Baptists of Western Canada (CBWC).
 2. Applicants must be approved by their Regional Minister.
 3. Grant funding may be available to individuals pursuing education in the field of chaplaincy.
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GRANT DETAILS

- Funding Amount: Up to \$500 per approved course.
 - Annual Maximum: \$2,000 per chaplain (approved and funded per calendar year).
 - Funds are issued upon submission of proof of course registration and receipt of payment.
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APPLICANT INFORMATION

Full Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Social Insurance Number: _____

CBWC Ministry Status Title: _____

Regional Minister Approval: Yes No

Name of Regional Minister: _____

Signature: _____

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COURSE INFORMATION

Course Title:

Institution/Organization Offering Course:

Course Start Date:

Course End Date:

Tuition Fee (Attach Receipt):

Brief Description of the Course:

Course Title:

Institution/Organization Offering Course:

Course Start Date:

Course End Date:

Tuition Fee (Attach Receipt):

Brief Description of the Course:

Course Title:

Institution/Organization Offering Course:

Course Start Date:

Course End Date:

Tuition Fee (Attach Receipt):

Brief Description of the Course:

Course Title:

Institution/Organization Offering Course:

Course Start Date:

Course End Date:

Tuition Fee (Attach Receipt):

Brief Description of the Course:

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Applicant Agreement: I certify that the information provided in this application is accurate. I agree to provide proof of course completion and acknowledge that funding is contingent upon CBWC approval.

Signature: _____

Date: _____

Submission Information: Send completed applications to:

CBWC Foundation

Contact: Christine Reid

Email: creid@cbwcfoundation.ca

Phone: (403) 930-7004

For Office Use Only:

Date Received: _____

Application Reviewed By: _____

Approval Status: Approved

Not Approved

\$ Amount: _____

Funding Date: _____