



**Diocese of Ontario**  
**Application for Bursary for Professional Development**  
**(Clergy and Lay)**

Name of Applicant: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Programme/Professional Development Opportunity:** \_\_\_\_\_

\_\_\_\_\_

**Location of Activity:** \_\_\_\_\_

**Length of Course/Activity:** \_\_\_\_\_

**Estimate of Expenses:** Fee \_\_\_\_\_

Accommodations/Meals \_\_\_\_\_

Travel \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Total** \_\_\_\_\_

**Please submit a statement of your personal goals and expectations in pursuing this Professional Development experience and how you would anticipate sharing this experience with others.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**As a T4a will be issued for Income Tax Purposes, we require your:**

**S.I.N.** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I endorse this application for a Professional Development Bursary.

**Parish Priest:** \_\_\_\_\_

**Diocesan Administration Officer:** (for staff) \_\_\_\_\_

**Bishop:** (for Clergy) \_\_\_\_\_

(continued on reverse)

Return Completed form to: Wendy Pierson  
Training and Development Committee  
Diocesan Centre  
165 Ontario Street,  
P.O. Box 490 Kingston Main, Kingston, ON K7L 4W5

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**Training and Development Use**

Approved by: \_\_\_\_\_ / \_\_\_\_\_

Amount approved: \_\_\_\_\_ Date approved: \_\_\_\_\_