Sion College



Clergy Grant Scheme – Application Form: SABBATICAL GRANTS

| Proposed activity: | | |
|-------------------------------------|--|--|
| Dates: | | |
| Location: | | |
| Estimated cost: | | |
| | | |
| Full name: | | |
| Full address: | | |
| Parish/Chaplaincy: | | |
| Daytime telephone: | | |
| Email address: | | |
| | | |
| Date of membership of Sion College: | | |
| Date of ordination: | | |
| Current position: | | |

| Please list continuing education | | | |
|--|---|--|--|
| courses, sabbaticals and study | | | |
| leaves undertaken in the past ten | | | |
| years: | | | |
| Please give full details of the | | | |
| activity for which you are applying | | | |
| for a grant, including how it will | | | |
| assist your development: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Other funds obtained/applied for in | | | |
| relation to this activity | | | |
| Please list previous grants | Date: | | |
| requested from Sion College: | Amount: | | |
| | Grant awarded YES/NO | | |
| | | | |
| If you are awarded a Sien C | allogo grant, the account to which it should be paid: | | |
| If you are awarded a Sion College grant, the account to which it should be paid: | | | |
| Account name: | | | |
| | | | |
| Cianatura | | | |
| Signature | | | |
| Date | | | |
| | | | |

[Note: To qualify for an award, you need to be a member of Sion College]