The Episcopal Diocese of East Tennessee

Reconciling All Things in Christ

Sabbatical Grant Application

"The purpose of a sabbatical leave is to provide an opportunity for those on sabbatical to rest. If God thought it was good for God, surely God thinks it is good for God's people. In this regard (as in others), Clergy are to be models of God to God's people. It is, therefore, incumbent on them to be deliberate in taking regular times for the rest which allows for the replenishment of the body and the spirit. Sabbaticals are in addition to regularly scheduled vacation times and are not to be confused with sick leave or any other kind of leave." *Preamble to the Sabbatical Leave Policy for the Diocese of East Tennessee*

Date: ____/____/_____ Full Name:_____

Position and Title:_____

Home Address:_____

Phone:asdf asdf_____ ☐Home ☐Work ☐Cell

E-Mail:asdf asdf_____

Parish:asdf asdf_____

Parish Address:_____

Name, Place, and Date of Program for Which You Seek Aid:

_____

Briefly describe the nature of the program. Please include links to descriptive material or include material in an email with your application.

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Please explain why you think the program for which you seek aid will contribute to fulfilling the intentions of the diocesan policy on sabbatical leave as described in the preamble above.

Please fill our the following disclosure completely:

Expenses		Resources	
$asdf	Tuition/Fees	$	Parish or Institution Support*
$asd	Room/Board	$	Other Grants or Awards
$	Travel Expenses	$	Personal Investment
$f	Books and Supplies	$	Loans
$	Other (describe below)	$	Other (describe below)
$	Total Expenses	$	Total Resources

$_____ Amount Requested

* If your vestry, council, or institution is not contributing to your resources, please attach a copy of their minutes in which your request for assistance was refused.

Additional Comments:

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If a grant is made, I agree to submit a critical evaluation of the program within thirty days of its conclusion to the Commission on Ministry.

Signature:_____ Date (mm/dd/yyyy):_____/_____/_____

Return this application to: Episcopal Engagement Specialist
814 Episcopal School Way
Knoxville, TN 37932

or

Directly to Bishop's Email

For office use only:

Date received:_____/_____/_____ Amount awarded: $_____

Bishop's Signature:_____