



**Long-Term Study Application Form**  
**Continuing Education Plan for Professional Leaders**  
Evangelical Lutheran Church in Canada/L'Eglise Evangelique Luthérienne Au  
Canada

**Application Deadline: January 15**

**1. Personal Data**

Name: \_\_\_\_\_

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

Phone no (\_\_\_\_) \_\_\_\_\_ Marital Status: \_\_\_\_\_

Number and ages of children: \_\_\_\_\_

Current congregational membership: \_\_\_\_\_

2. Period of time for which aid is being sought \_\_\_\_\_ months  
(a minimum of 4 to a maximum of 12 months)

3. Dates of proposed study \_\_\_\_\_ to \_\_\_\_\_

4. Description of proposed study (briefly describe the proposed program of study including the name of the institution or agency offering the program and whether the studies are being taken towards a degree or diploma. )

5. Rationale for study (briefly describe the benefits to yourself and to the Church by your undertaking the program.)

6. Amount of aid being requested \$ \_\_\_\_\_

7. List the amount of funds from sources outside of **CEP** funds for which you have applied or are eligible:

\$ \_\_\_\_\_

8. Projected family income from all sources during the period of study: \$ \_\_\_\_\_

9. Projected cost of program, living and other expenses (Give a detailed budget for the proposed period of study. )

10. Post-secondary educational record

Name of Institution

Major

Degree

Date

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11. Employment record

Employer

Position

Date

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12. References (Please have two letters of recommendation on your behalf sent directly to the Assistant to the Bishop for Leadership for Ministry.)

13. The attached form giving permission for leave is to be completed by an executive member of the church council or the employer and Bishop, and included with your application form.

Date of application: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

**Mail your completed application form to:**

Assistant to the Bishop  
Leadership for Ministry

Evangelical Lutheran Church in Canada  
302 - 393 Portage Avenue  
Winnipeg M8 R38 3H6



**Long-Term Leave Permission Form**  
**Continuing Education Plan for Professional Leaders**

Evangelical Lutheran Church in Canada/L'Eglise Evangelique Luthérienne Au Canada

**(Please supply the information requested and then have your Council/Employer  
and Bishop sign in the appropriate places below.)**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone no (\_\_\_\_) \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Number and ages of children: \_\_\_\_\_  
Current congregational membership: \_\_\_\_\_
2. Period of time for which aid is being sought \_\_\_\_\_ months  
(a minimum of 4 to a maximum of 12 months)
3. Dates of proposed study \_\_\_\_\_ to \_\_\_\_\_
4. Description of proposed study (briefly describe the proposed program of study including the name of the institution or agency offering the program and whether the studies are being taken towards a degree or diploma. )
  
5. Rationale for study (briefly describe the benefits to yourself and to the Church by your undertaking the program.)

A leave of absence is hereby granted to the above named individual to engage in the study described above.

\_\_\_\_\_  
Signature of council/Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Bishop

\_\_\_\_\_  
Date

Please return this form to the applicant so that it can be included with the application form