



APPLICATION FOR GABRIELLE BOUSCAREN
CONTINUING RELIGIOUS EDUCATION GRANT



Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email address : _____

1. How are you currently involved in Church ministry? **CHECK ALL THAT APPLY.**

- | | |
|------------------------------------|--|
| <input type="checkbox"/> DRE | <input type="checkbox"/> Elementary School Religion Teacher/Catechist |
| <input type="checkbox"/> CRE | <input type="checkbox"/> Catholic High School Religion Teacher/Catechist |
| <input type="checkbox"/> ARE | <input type="checkbox"/> Parish Elementary or High School Catechist |
| <input type="checkbox"/> Principal | <input type="checkbox"/> RCIA Catechist |
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Adult Faith Formation Catechist |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Paid Staff Person |
| <input type="checkbox"/> Volunteer | |

What Archdiocesan Certification and level of certification do you hold?

- | | |
|---|--|
| <input type="checkbox"/> Catechetical Leader, level _____ | <input type="checkbox"/> Catholic High School Religion Teacher |
| <input type="checkbox"/> Catechist Certification, level _____ | <input type="checkbox"/> None |
| <input type="checkbox"/> Youth Ministry, level _____ | |

2. Describe your areas of responsibility.

3. Where are you currently serving?

Name of Parish/School	Address	City, State, Zip
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4. The highest academic degree you currently hold:

(Degree)	(Institution granting degree)	(Date degree received)
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5. Are you currently pursuing a graduate degree in the field of Religious Education/Theology?

Yes ____ No ____ Where _____

6. Name your last educational endeavor.

Title

Date

Name of Institute

7. **Professional Goal:** Please include a brief statement of your professional goal and how this course or program will be related to it.

8. **Financial Need:** Your financial need will also have a bearing on whether or not you receive a grant. Please include a brief, concise statement showing your financial need.

9. **This grant will be applied to:**

Course # _____ Course Name _____

Date course is to be taken _____

Institution sponsoring Course/Program _____

Cost of Course/Program _____

Amount Requested _____

10. **PLEASE INCLUDE A LETTER OF RECOMMENDATION FROM PASTOR OR CATHOLIC HIGH SCHOOL PRINCIPAL/RELIGION DEPARTMENT CHAIRPERSON.**

Signature of applicant

Date

Phone number

PLEASE NOTE: All grant checks will be made payable to the institution sponsoring the program/course. Checks will not be made payable to the individual.

Return to: Center for the New Evangelization
Pastoral Center - Archdiocese of Cincinnati
100 East 8th Street
Cincinnati, OH 45202
Attn: Sean Ater

(Rev. 10/20)