

**Continuing Education for Rostered Ministers  
Wurffel Grant Application Form  
New Jersey Synod, ELCA**

Name  
Address

Phone: (Office) (Home/Cell)

Email:

Congregation/Location

Title of Continuing Education Opportunity

Short-term event Academic course work (degree, or otherwise)

Begins Terminates

Location

**Estimated Costs:**

Fee/Tuition Books/Materials

Food /Room Travel

Other (Please specify)

**Total Estimated Costs**

**Sources to cover expenses:**

Yourself (other than grant money)

Congregation (including Continuing Education)/Agency

Other (Please specify)

**Total Resources**

**Amount requested as a Continuing Education Grant**

Grants are limited to amounts as indicated in the "Grants in Aid" Policy. Consideration will be given to the individual's need, the availability of other financial resources, and the number of times one has received Wurffel grants in the past. Please enclose a rationale for your participation in the opportunity and include any additional comments that would be helpful to the Grant Team.

Applicant's Signature

Date

Send completed form and rationale to: **Continuing Education for Rostered Ministers  
C/O Rev. Dr. Christa Compton  
New Jersey Synod, ELCA 1930  
State Highway 33  
Hamilton Square, NJ 08690**