



# The University of Dayton

Institute for Pastoral Initiatives

## Grant Reimbursement Application

Funding provided by the Catholic Education Foundation

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Home Parish, City \_\_\_\_\_

Employer \_\_\_\_\_ Employment Start Date \_\_\_\_\_

Position \_\_\_\_\_ # of years in position \_\_\_\_\_

Check one:  Full time  Part-time, # of hrs per week \_\_\_\_  Volunteer

Name of immediate supervisor (OR Pastor of a Parish Ministry) \_\_\_\_\_

Online Certificate Program you have completed \_\_\_\_\_

Amount of Reimbursement Requested \_\_\_\_\_

1. Briefly describe your paid or volunteer ministry positions in any Diocesan Agency or parish over the past three years. (Position, Title, Diocesan Agency, Name of Parish, General Duties)

2. Describe how this certification will aid you in your current and future ministry. Be specific.

Your grant reimbursement application packet must include:

- \_\_\_\_\_ Letter of support from the pastor of your parish ministry (and/or) letter of support from supervisor
- \_\_\_\_\_ Completed grant reimbursement application
- \_\_\_\_\_ Certificate of completion from Dayton University
- \_\_\_\_\_ Proof of payment to Dayton University

Please submit grant reimbursement application packet to:

Catholic Education Foundation  
ATTN: *DAYTON REIMBURSEMENT*  
16555 Weber Road  
Crest Hill, IL 60403

Contact [JLangenderfer@dioceseofjoliet.org](mailto:JLangenderfer@dioceseofjoliet.org) or 815-221-6127 if you have any questions.