# Father John D. Boddie Memorial Grant – Continuing Education and/or Workforce Development Grant Request

### *Eligibility Criteria - Continuing Education and/or Workforce Development Grant Request Application*

Please review the following criteria to be certain that you are eligible to apply for this grant.

To be eligible to participate in the Continuing Education and/or Workforce Development Grant program, a student must:

- 1. be a registered member of the Catholic Church of the Visitation in Middlesex County, Virginia;
- 2. demonstrate a commitment to the church through involvement in worship and other parish related activities;
- be enrolled or plan to enroll in a continuing education/training program, a technical/vocational program or career study certificate program in the United States. Career study certificate programs of less than 18 credits in total length are eligible;
- 4. complete the Father John D. Boddie Memorial Grant Continuing Education and/or Workforce Development Grant Request Application.

### Instructions

#### General

- Download application file.
- Complete all required fields which are marked by an asterisk (\*).
- Send or deliver completed application with all attachments to:

Church of the Visitation Attn: Father John D. Boddie Memorial Scholarship/Grant

<u>Mailing Address:</u> P.O. Box 38 Topping, Virginia 23169

<u>Physical Address:</u> 8462 General Puller Highway Topping, Virginia 23169 Email: Office@COVTopping.org

Telephone: 804-758-5160

# Applicant Information

*Applicant Full Name:					
*Mailing A	Address:				
*Phone: _					
*Email:					

### Program Title and Description

\*Name and complete description of program.

# Goal of Person Requesting Funds

\*Why are you doing the continuing education or training and what do you want to accomplish?

### Purpose of the Funds Request

\*What are the specific uses for the requested funds?

Program Cost

\*What is the total program cost?

Amount Requested

\*Amount requested from the Church of the Visitation.

**Other Sources** 

\*List amount and source of additional funds.

Additional Information for Request for Continuing Education (CE) Funds

\*Is the CE for a professional license or career enhancement?

\*Is the CE an annual requirement? \_\_\_\_\_\_

\*When does the CE have to be completed? \_\_\_\_\_

\*Can the CE be completed at home or does it have to be completed outside the home?

\*Statement of Financial need.

Describe how this scholarship would be helpful to you and your family. Add any other considerations that affect financial need. Attach to application.

# Additional Information for Request for Workforce Development Funds

\*Is this for a technical or vocational program?

\*Is this training for career enhancement? \_\_\_\_\_\_

\*Length of program? \_\_\_\_\_

\*Is this program a classroom program or a self-study program? If in a classroom, what is the location?

\*Statement of Financial need.

Describe how this scholarship would be helpful to you and your family. Add any other considerations that affect financial need. Attach to application.

#### Letter of Recommendation

#### Instructions

You have two options:

• attach all letters of recommendation to your completed application,

or

• have your recommender email the letter of recommendation directly to the Church of the Visitation. The email must state your name.

#### \*Letter of Recommendation #1 - Father John D. Boddie Memorial Scholarship

Letter must be from someone who knows you through your education, employment or volunteer service.

#### \*Letter of Recommendation #2 - Father John D. Boddie Memorial Scholarship

Letter must be from an appropriate parish member verifying church involvement.

### Certification

*Full name of applicant: *Application Packet I have checked the Application Packet to ensure that all my attachments appear correctly.						
*Applicant Certification						

I certify that the information provided in this application is complete and accurate to the best of my knowledge.

Signature\_\_\_\_\_

Date\_\_\_\_\_