

ELCIC Group Services Inc.

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CONTINUING EDUCATION PLAN (CEP) SHORT TERM STUDY PAYMENT AUTHORIZATION

Applicant Information

Member Name:	<i>Last</i>	<i>First</i>	Member Code:		
Employer (Congregation) Name:				Employer Code:	

Course Information

Course Title:					
Name of Organization providing Course:					
Type of Course:	<input type="checkbox"/> Credit Course <input type="checkbox"/> Self-directed study <input type="checkbox"/> Non-credit Course <input type="checkbox"/> Church-wide event <input type="checkbox"/> Workshop <input type="checkbox"/> Other (please specify): _____				
Cost of Course:	\$ _____	Date of Study Leave/Course:	<i>Day</i>	<i>Month</i>	<i>Year</i>

Please attach a copy of the course registration and/or receipt.

I hereby apply for the sum of \$ _____ from my account with the Continuing Education Plan (CEP).
Cheque to be made payable to:

Organization providing Course Member

Note: Cheque will be mailed to Member unless another address is specified: _____

Authorization

Member's Signature _____	Date	_____
		<i>Day</i> <i>Month</i> <i>Year</i>
Employer's (Congregation) Signature _____	Date	_____
		<i>Day</i> <i>Month</i> <i>Year</i>
Title of Signer _____		
Bishop's Signature _____	Date	_____
		<i>Day</i> <i>Month</i> <i>Year</i>